



ST. JOHN VILLA ACADEMY  
HIGH SCHOOL  
TRANSCRIPT REQUEST FORM

**Please Print Clearly**

<b>Name:</b> (while in attendance) ( <i>Last, First, M.I.</i> )		<b>Date of Birth:</b>
<b>Address:</b>		<b>Date of Graduation:</b>
<b>Telephone:</b>	<b>Number of copies requested:</b>	

Official transcript fee: \$10.00/copy. Please make checks payable to St. John Villa Academy High School.

**Forward Transcript(s) to:**

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**Release of Authorization:**

I authorize St. John Villa Academy High School to release my official transcript as needed to fulfill my request.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

PLEASE MAIL THIS FORM WITH YOUR CHECK TO:  
ST. JOHN VILLA ACADEMY HIGH SCHOOL  
25 LANDIS AVENUE  
STATEN ISLAND, NY 10305  
ATTENTION: RECORDS DEPT.

**\*Please allow three weeks for records to be processed. Transcripts will only be sent for accounts in good standing.**