



ST. JOHN VILLA ACADEMY
HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Please Print Clearly

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

Official transcript fee: \$10.00/copy. Please make checks payable to Sisters of St. John the Baptist.

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:
PROVINCIAL SECRETARY
SISTERS OF ST. JOHN THE BAPTIST
3308 CAMPBELL DRIVE
BRONX, NY 10465.

***Please allow 6-8 weeks for records to be processed. Transcripts will only be sent for accounts in good standing.**