

JESUIT SCHOOL OF THEOLOGY OF SANTA CLARA UNIVERSITY
IN BERKELEY, CALIFORNIA



REQUEST FOR TRANSCRIPT

Jesuit School of Theology, 1735 Le Roy Ave, Berkeley CA 94709, Fax: (510) 841-6476

NOTE: Transcripts are produced on the first work day of each work week and must be received prior to that day in order to guarantee processing that week. RUSH TRANSCRIPTS ARE NOT AVAILABLE. Please plan accordingly!

Student Name: _____ Phone: _____

Email Address: _____ Address: _____

Degree/Program: _____

Current student **OR** Term and year started program: _____ **AND** Last term and year attended: _____

Please list the addresses to which the transcripts are to be sent. At the bottom of each box, indicate the number of each type required for each address.

Official (with seal) # _____ Student Use #: _____

Official (with seal) # _____ Student Use #: _____

The student's signature is required in order to process a transcript request (faxed or scanned copies of the signed request form are acceptable).

Student/Authorization signature: _____ Date: ____/____/____

NOTE: Your request cannot be processed without your signature

FOR OFFICE USE ONLY

Date request received: ____/____/____ Date transcript(s) sent: ____/____/____