



MOUNT SAINT JOSEPH ACADEMY OFFICIAL TRANSCRIPT REQUEST

DIRECTIONS:

Print this form and complete the Graduate Information and Institute where the Transcript Should be Sent. There is a \$5 charge for each transcript. Please make the check payable to "**Mount Saint Joseph Academy.**"

Send this completed form along with your check to:

Guidance Department
Mount Saint Joseph Academy
120 W. Wissahickon Avenue
Flourtown, PA 19031

Please note this cannot be done over the telephone, as we need written authorization from you to release your records. Any additional instructions or information may be written on the back of this request.

GRADUATE INFORMATION

Your Maiden Name _____ MSJA Year of Graduation _____
Street Address _____
City _____ State _____ Zip _____
Phone # _____ Email: _____ (optional)

I grant permission to Mount Saint Joseph Academy to release my records to the institution listed below.

Signed _____ Date _____

INSTITUTION WHERE THE TRANSCRIPT SHOULD BE SENT

Name of College/University _____
Attention: _____
Street Address _____
City _____ State _____ Zip _____