



## 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:

College & School Counseling  
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 \_\_\_\_\_