



**PONTIFICAL COLLEGE JOSEPHINUM  
PRIESTLY FORMATION PROGRAM  
COLLEGE OF LIBERAL ARTS  
PRE-THEOLOGY PROGRAM**



**APPLICANT'S RECORD REQUEST FORM**

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

**To: Registrar**

\_\_\_\_\_  
*Institution*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

**Please send one (1) copy of my official transcript of academic record at your institution to:**

**Director of Admissions  
Pontifical College Josephinum  
7625 North High Street**

**Columbus, OH 43235-1498 *Please Print:***

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Present Address*

\_\_\_\_\_

*City*

*State*

*Zip*

I attended your institution from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
*Signature of Student*

**To the student requesting the transcript:** Most institutions require the payment of a fee before issuing a transcript. You may save time by including your payment with this request. If you have changed your name since attending this institution, please give them the name under which you attended.

**Send this form directly to the institution previously attended.**