

DIOCESE OF BROOKLYN

OFFICE OF THE ARCHIVIST

Student Record Authorization Form

I, _____, request a copy of my student record be sent as directed below. I am aware that transcripts bearing an official seal can only be sent to third parties. If I receive the transcript myself, I will receive only a student copy.

Current Address: _____

Phone/E-Mail: _____

Signature: _____ Date: _____

Name at time I attended school (if different from above) _____

Date of Birth: _____

School Attended: _____

(Please indicate if high school or elementary, and neighborhood)

Dates of Graduation/Attendance: _____

Address I wish my transcript sent to: _____

The fee for a student record is \$10.00, payable by MONEY ORDER ONLY, to “R.C. Diocese of Brooklyn.” The fee for one copy is \$10.00 and \$5 for every additional copy thereafter. Please complete this form and send it (with the fee) to:

**R.C. Diocese of Brooklyn
Office of the Archivist
310 Prospect Park West
Brooklyn, N.Y. 11215**