



Transcript Release Form

Date: _____

Date of Birth: _____ / _____ / _____

Name: _____
(Last) (First) (Maiden - if applicable)

Present Address: _____
(No. and Street) (City/State/Zip)

Telephone: (____) _____ Email _____
(For confirmation of records sent)

Transcript Requested:

_____ High School: _____ Year of Graduation: _____

_____ Grammar School: _____ City _____ Years Attended: _____

Type of Transcript Requested: Official _____ Unofficial _____

To: _____

Attn: _____

Address: _____

Additional Information: _____

Authorization for Release of Information

I authorize the Department of Catholic Schools, Diocese of Buffalo to release my educational background to the above named party. I authorize all persons who may have information relevant to this request to disclose it (including photocopies where requested) and I release all persons from liability on account of such disclosure. I authorize that a photocopy of my signature below may be used to obtain information regarding this request. This authorization is valid for a period of one (1) year.

Signature _____

Date _____

Transcript Fee: \$5.00 per copy

Check or money order only made out to Department of Catholic Schools

Please return this form with payment by mail to:

Department of Catholic Schools

Attn Nancy DiBerardino

795 Main St.

Buffalo, NY 14203-1250

For Office Use Only: Date: _____ Check #: _____ Bank #: _____ Amount: _____
(Code # - 1M9551-5625)

10/06/revised/ab
Trans/a-Transcript Request Form