



ARCHIVES

ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAintree, MASSACHUSETTS 02184-3839
617-746-5897 • Fax 617-779-4561

Student Transcript / Record Request Form

Relationship to student: Self Parent/Guardian School Official Other: _____

ID REQUIREMENT: Please submit a copy of your driver's license, passport, or other government-issued photo ID with this release form. Records will not be released without proof of identity.

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Last name while attending school (if different than above): _____

Date of Birth: _____

School Attended: _____ City: _____

Last Year Attended: _____

Please select one: Graduated Transferred Other: _____

REQUESTOR'S INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _(_____) _____ - _____ Email: _____

SEND RECORDS TO

Office / Recipient Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Requestor Signature: _____ Date: _____