

**Request for Student Transcript  
Archdiocese of Detroit**

*In order to protect individual confidentiality, transcripts are released only to the individual whose record it is, persons/agencies authorized by the individual, or the parent/guardian of a minor child.  
5-7 days Processing Time                      Transcripts are NOT issued for genealogical research*

**Please Print**

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**Last Name** while attending school                      **First Name**                      **Birth Date**

Requesting record for:

**High School** OR

**Elementary School**

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**Name of School**

**City**

**Did you graduate?**  **Yes**  **No** Last year you attended \_\_\_\_\_

**Person requesting transcript:** \_\_\_\_\_

**First Name**

**Last Name**

**Maiden Name**

**Address:** \_\_\_\_\_

**Street**

**City**

**State**

**Zip**

**Phone:** \_\_\_\_\_

**Parent of minor child?**  **Yes**  **No**

**If a transcript is to go to an academic institution it must be sent directly from the Archives-  
Student Records Office.**

**Name of Person where the Transcript is to be mailed:** \_\_\_\_\_

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**Street Address**

**City**

**State**

**Zip**

**If transcripts are to be mailed to additional institutions, list name(s) and address(es) on reverse.**

**A fee of \$8 for the first copy and \$2 for each additional copy is required.**

**Please make check or money order payable to: Archives, Archdiocese of Detroit**

**Enclosed is \$ \_\_\_\_\_ for \_\_\_\_\_ copy(ies) of my transcript.**

**You must enclose a photocopy of a valid, signed photo ID to request a copy of your transcript.**

**I hereby authorize the Archdiocese of Detroit to release the requested information:**

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**Signature**

**Date**

**Mail completed form with payment to:**

**Archdiocese of Detroit Archives**

**Attention: Student Records**

**1234 Washington Blvd. Detroit, MI 48226-1825**

Questions? 313-237-5846

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