Request for Student Transcript
Archdiocese of Detroit

In order to protect the confidentiality of these records, information is 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

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

□**High School**
□**Elementary School** _____
Name of School **City**

Did you graduate? □ **Yes** □ **No** Last year you attended?_____
If no, did you attend another school after? Name of School _____

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 or Agency where the Transcript is to be mailed:_____

Street Address **City** **State** **Zip**

If transcripts are to be mailed to additional institutions,
please 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.

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

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