



ARCHDIOCESE OF
NEW ORLEANS

Office of Archives and Records

**Authorization for the Release of
Information for Student Transcripts**

Name of School: _____

Student's Name at Time of Attendance: _____

Date of Birth: _____ Date of Graduation: _____

Number of Transcripts Requested: _____ Fee: \$ 5.00 per Transcript

Check or Money Order Made Payable to: Archdiocese of New Orleans

Requestor's Contact Information

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____ E-mail: _____

Mailing Address (to submit transcript to, if different from above):

Name: _____

Address: _____

City, State, Zip: _____

SIGNATURE OF AUTHORIZATION:

X _____ Date _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), the Office of Archives and Records only releases student information to a third party when it has received written permission from either an eligible student or parent of a minor child.

**** A COPY OF PHOTO IDENTIFICATION MUST ACCOMPANY THIS REQUEST ****

Mail Request to: Archdiocese of New Orleans
Office of Archives and Records
ATTN: Transcript Request
7887 Walmsley Ave.
New Orleans, LA 70125-3496

(504) 861-6241

Fax: (504) 866-2906

<http://archives.arch-no.org>

7887 Walmsley Avenue

New Orleans, LA 70125