

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 Paya | able to: Archdiocese of New Orleans |
| Requestor's Contact Information | |
| Name: | |
| Address: | |
| City, State, Zip: | |
| Daytime Phone Number: E- | mail: |
| Mailing Address (to submit trans | script to, if different from above): |
| Name: | |
| Address: | |
| City, State, Zip: | |
| SINGNATURE OF AUTHORIZATION: | |
| X | Date |
| In accordance with the Family Educational Rights and Priveleases student information to a third party when it has report parent of a minor child. | vacy Act (FERPA), the Office of Archives and Records only eceived written permission from either an eligible student |
| ** A COPY OF PHOTO IDENTIFICATION | MUST ACCCOMPANY 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