Archives of the
ARCHDIOCESE of NEW YORK

St. Joseph's Seminary
201 Seminary Avenue
Yonkers, NY 10704
914-476-6333
archives@archny.org

# Elementary School Record Release Authorization

**Name of School**: _____

**Student's Name at Time of Attendance**: _____

**Date of Birth**: _____ **Date of Graduation**: _____

**Number of Copies Requested**: _____ **(Fee of $5 per copy)**

## Requestor's Contact Information

**Name**: _____

**Address**: _____

**City, State, Zip**: _____

**Phone**: _____ **Email**: _____

## Record Mailing Address (if different from above)

**Name**: _____

**Address**: _____

**City, State, Zip**: _____

## Authorization

_____ _____

**Signature** **Date**

**Mail Request to:**

Kate Feighery
Archives of the Archdiocese of New York
201 Seminary Avenue
Yonkers, NY 10704

A copy of a state-issued photo ID **MUST** accompany this form. There is a non-refundable fee of $5.00 per transcript request. Cash, cashier's checks, and money orders are acceptable forms of payment, payable to the Archdiocese of New York. Personal checks are not accepted.

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