



**Transcript Release Authorization**

**Name of School:** St. Pius V High School, Bronx

**Student's Name at  
Time of Attendance:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_

**Number of Transcripts Requested:** \_\_\_\_\_ (Fee of \$5 per transcript)

**Requestor's Contact Information**

**Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

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

**Transcript 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.

For Office Use Only

Date Transcript Mailed:	By:	Fee Paid: