



Archives of the Archdiocese of New York

201 Seminary Avenue, Yonkers, NY 10704 · 914-968-6200

Student Record Release Authorization Form

School & Student Information

Name of School	
Student's Name at Time of Attendance	
Date of Birth	
Year of Graduation / Withdrawal / Transfer	
Number of Transcripts Requested	

Requestor's Information

Name	
Address	
City, State, Zip Code	
Telephone Number	
Email	

Transcript Mailing Address

Name	
Address	
City, State, Zip Code	

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: