

Transcript Request Form

Revised June 2020

To ensure privacy and confidentiality, access to student transcripts is restricted to individuals seeking their own records, or guardians or individuals with power of attorney for the person named in the record.

Please submit a scan of the driver's license or government ID for the student along with this completed form. Transcript Requests should be emailed to records@archatl.com.

Note: The Office of Archives and Records only has student transcripts for closed Catholic schools located within the Archdiocese of Atlanta. If you're looking for a transcript, no matter how old, for a student at a currently open Catholic school, you must contact that school for the transcript.

I hereby authorize the Archdiocese of Atlanta Office of Archives and Records to release a copy of my transcript based on the student information given to the person or institution listed in the mailing information below.

Student Information:

Name of Requester:

Full Name of Student:
(at time of attendance)

Student's Date of Birth:

Name of School:

Dates of Attendance:



I agree to hold harmless the Archdiocese of Atlanta and all of its affiliates, as well as the aforesaid school and those connected with it, from any liability for releasing this information according to my request.

Signature: _____

Date: _____

Transcript Request Form

Revised June 2020

Mailing Information:

If the student transcript is for your own records and does not need to have an official raised seal, please let us know and we can provide that copy to you digitally.

If the student transcript needs to have a raised seal and be placed inside a sealed envelope within the envelope we mail out, please let us know that when you submit this form.

Address, Email, & Phone Number of
Person Requesting Transcript:

Address, Email & Phone Number of
Person or School Receiving Transcript:

