



STUDENT RECORDS REQUEST

Records Release Authorization Form

Request Date		
School & School Information		
Name of School		
City	State	
Legal Name while attending school		
Last Name	First Name	MI
Date of Birth	Date of Graduation/Withdrawal/Transfer	
Number of Transcripts Requested <i>(Non-refundable Fee \$5.00 per transcript)</i>	Type of transcript requesting <i>(Please circle)</i> Official Unofficial	
Requestor's Information		
Last Name	First Name	MI
Address		
City	State	Zip Code
Telephone Number	E-mail	
Will you be picking up request in-person? (If not picking up in person, please list the mailing address of institution/agency requesting the record below.) YES NO		
Institution or Agency Requesting Student Record		
<i>In order to protect the privacy of the student's record, the Archives and Records Management Office only releases student information to a third party when it has received written permission from either an eligible Student or Legal Guardian, if the student is a minor.</i>		
Name of Educational Institution, Employer, or Authorized Investigative Agency		
Name of Contact Person or Department		
Address		
City	State	Zip Code
Contact E-mail Address	Contact Telephone Number	
I agree to indemnify and hold harmless the Archbishop of San Antonio and all the personnel of this Archdiocese, as well as the aforesaid school and those connected with it, from any liability for releasing this information according to my request.		
Student Signature	Date	

****A copy of a government issued photo identification must accompany this request** Payment \$5.00 per transcript.**

Cash (exact change only), personal and cashier's checks or money orders are acceptable forms of payment
Please make all checks and money orders payable to:

The Archdiocese of San Antonio

Please include a copy of your government issued photo ID, request fee, and the completed request form to:
Archives and Records Management Office, Archdiocese of San Antonio, 2718 W. Woodlawn,
San Antonio, Texas 78228-0410