



# ROMAN CATHOLIC DIOCESE OF SYRACUSE

CATHOLIC SCHOOL OFFICE

## School Records / Transcript Request

Catholic Schools, Diocese of Syracuse, NY

Today's Date: \_\_\_\_\_

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

Current Mailing Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please send an official copy of a permanent school record for the above mentioned individual..

School attended include city/location: \_\_\_\_\_

Name while attending school: \_\_\_\_\_

Years attended or Year of Graduation: \_\_\_\_\_

Mail to the address above.

Mail to the following: \_\_\_\_\_

Legal Signature: \_\_\_\_\_

<b>MAIL TO:</b> Catholic Schools Office 240 E. Onondaga Street Syracuse, NY 13202 Attn: Ms. Broton	<b>FAX TO:</b> Catholic Schools Office 315-470-1470
	<b>EMAIL TO:</b> <a href="mailto:kbrotton@syrdiocese.org">kbrotton@syrdiocese.org</a>
<i>Please allow 72 hours for initial processing.</i>	

