



ACADEMIC RECORDS REQUEST FORM

The Archives possesses official transcripts from the following **closed** Archdiocesan institutions:

- Assumption School, Bellingham
- St. James Cathedral School, Seattle
- Blessed Sacrament School, Seattle
- St. Mary School, Seattle
- Immaculate Conception School, Seattle
- St. Mary Academy, Toledo
- Sacred Heart School, Seattle
- St. Patrick School, Seattle
- Sacred Heart School, Tacoma
- St. Ann School, Tacoma
- St. Edward Seminary and St. Thomas Seminary

For all other Catholic schools within the diocesan, please consult with the school directly. For assistance with contact information, see the [School Locator](#).

No requests will be taken over the telephone. All requests must be written and include the required information (marked with an *) below plus all accompanying documentation.

If you would like an official copy of YOUR student transcript, you need:

1. Complete this form, and sign and date below.
2. A photocopy (or scan) of a current government-issued photo-identification (passport, driver's license, or military ID).

| | |
|------------------------|--|
| *Name of Student: | |
| *School/Institution: | |
| *City: | |
| *Years Attended: | |
| *Mother's Maiden Name: | |
| Details: | |
| *Mailing Address: | |
| *City: | |
| *State/Province: | |
| *Zip/Postal code: | |
| Country: | |
| Day Phone: | |
| *Email: | |

*Denotes required fields

If you would like an official copy of another person’s student transcript, you need:

| | |
|-------------------------|--|
| Requestor’s First Name: | |
| *Last Name: | |
| Organization/Company: | |
| *Mailing Address: | |
| *City: | |
| *State/Province: | |
| *Zip/Postal code: | |
| Country: | |
| Day Phone: | |
| *Email: | |
| *Purpose of Request: | |
| *Name of Student: | |
| *School/Institution: | |
| *City: | |
| *Years Attended: | |
| *Mother’s Maiden Name: | |
| Details: | |

1. Complete this form, and sign and date below.
2. A photocopy (or scan) of a current government-issued photo-identification (passport, driver’s license, or military ID).
3. A signed and dated release from the student **OR**
4. If the student is deceased, you must provide a copy of the student’s death certificate as well as release from the next of kin.

Signature

Date

Please complete, print out, sign, and mail entire form with appropriate documentation to:

Archives & Records Management
 Catholic Archdiocese of Seattle
 710 9th Avenue
 Seattle, WA 98103

If you have any questions, please contact [Archives & Records Management](#) (206-382-4352)

*Denotes required fields