



ROMAN CATHOLIC DIOCESE OF SYRACUSE
CATHOLIC SCHOOLS 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 me an official copy of my permanent school record.

School attended include city/location: _____

Your name while attending school: _____

Years attended or Year of Graduation: _____

E - Mail to me. E-mail address above.

Mail to me above.

Mail to the following: _____

Legal Signature: _____

MAIL TO: Catholic Schools Office
240 E. Onondaga Street
Syracuse, NY 13202
Attn: Student Records

FAX TO: Catholic Schools Office
315-470-1470
EMAIL TO: lcarulli@syrdiocese.org

Please allow 72 hours for initial processing.

MBF 2019

