



Student Records Release Request Form

If questions, please contact the Archives: (414) 769-3431.

Name of school: _____

Student Name (while attending school): _____

Date of birth: _____ Year of graduation/withdrawal: _____

Send transcripts to: _____

of copies requested: _____

Your Contact Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Student's Signature: _____ Date: _____

Send form to:

Email: lisinskia@archmil.org

Fax: 414-769-3408

Mail: Archdiocese of Milwaukee Archives

P.O. Box 070912

Milwaukee, WI 53207-0912

Student records will be issued within 2 weeks of receipt of completed request form, photo ID, and \$10 processing fee. Please contact Archives Staff with any questions.