



**DIOCESE OF LAFAYETTE  
ARCHIVES / RESEARCH & INFORMATION**

**Student Transcript / Records Request**

**Closed Catholic Schools in the Diocese of Lafayette, LA**

This form is to be used to request student transcripts or records for students that have attended or graduated from closed Catholic schools in the Diocese of Lafayette, Louisiana. The Department of Archives, Research & Information charges a service fee of \$5 to process transcript requests; all other requests should be sent directly to the current/last school the student attends/attended.

Please print and fill out this form and return via **surface mail only** to: *Diocese of Lafayette, Attn: Archives/Research & Information, 1408 Carmel Drive, Lafayette, LA 70501-5298.* **NOTE: A signature, along with appropriate fee, is required to process your request.** The requested records (if available) will be mailed or faxed within three (3) days after receipt of this completed form.

**Student Information**

Date of Birth: \_\_\_\_\_ Current Name: \_\_\_\_\_

Name While Attending School: \_\_\_\_\_

Current Telephone Number(s): \_\_\_\_\_

**Transcript Information**

School Attended: \_\_\_\_\_ Last Year of Attendance: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_ Purpose of Request? (i.e., employment, education, personal, etc.)  
\_\_\_\_\_

**Forwarding Information** (\* Please indicate whether you wish to have your records mailed or faxed to you. )

Send Records To: 1. Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone and FAX Number: \_\_\_\_\_

**Mail**  OR **FAX**

2. Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone and FAX Number: \_\_\_\_\_

**Mail**  OR **FAX**

\_\_\_\_\_  
*Signature of Former Student (Required)*

\_\_\_\_\_  
*Date*