Diocese of Gallup: School Records Request

Note These transcripts are confidential and legal records. You are required to show photo proof of identity in order to receive the records. Thank you for your understanding of this fact. In order to protect the privacy of the individual involved, certificates are only issued to the parent of the child, or to the person to whom the record is referring. No certificates are issued for genealogical purposes. A fee may be levied to complete this request.

Date: _____

Student's full and legal name while at the time he/she attended Catholic School

_____

_____

Student's date of birth: _____

Name and location of Catholic School: _____

_____

Years attended or graduated: _____

Parent/guardian name(s): _____

_____

Transcripts/Proof of Attendance to mailed to

School/Church _____

Address: _____

If the reason for the request is _ Address:

_____

If student is still under the age of 18:

Parent or guardian's current phone number mailing address:

_____

If student is over the age of 18:

Current mailing address of student _____

Current Phone number of students: _____

I agree to hold harmless the Diocese of Gallup and all of its affiliates, as well as the aforesaid school, parish and those connected with them, from any liability for releasing this information according to my request.

I have read & understood all of the above: (Sign/date: name of authorized recipient of school record)

_____

Please print name as well: _____

Mail or fax this form to the school/ religious congregation or Diocese of Gallup Archives Office, 503 West Historic Hwy 66; Suite B, Gallup, NM 87301 fax:(505) 863-2269.

Office use only:

Photo ID Verified: _____

Fee (if applicable), Paid by check# or Cash _____

Processed by: _____

Date Mailed/Delivered: _____