

Archives & Records Center
1050 Logue St
Pittsburgh, PA 15220
Tele: 412-456-3158

Transcript Request Form

To request your own transcript, please fill out the following fields:

Name : _____

Maiden Name (if married) _____ Date of Birth: _____

School Attended: _____ School Location: _____

Graduation Year or Approximate Years of Attendance: _____

Father's Name: _____

Mother's Name (include maiden name): _____

Phone Number or Email Address (in case we need to contact you): _____

Your Signature: _____

Please provide a copy of your photo ID below (or on an attached paper):



Please mail this completed document, along with a self-addressed stamped envelope to:

Archives and Records Center
Diocese of Pittsburgh
1050 Logue St.
Pittsburgh, PA 15220

In case you need this transcript mailed directly to a second party, please make note of that on the envelope or in your inquiry.

All fields must be filled out in order for the request to be processed.

To be filled in by the Archives

Action taken: Certificate Sent on _____

Requestor informed on _____ that record not found