

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 stamped envelope addressed to yourself 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.