



Student Record Request Form
Archdiocese of Cincinnati Archives

Name _____

Address _____

Phone _____

Email _____

School Attended _____

School Address _____

Years Attended _____

Send **Request Form** and **Photo Identification** by one of the three methods:

Mail: Archdiocese of Cincinnati Archives
100 E. 8th Street Cincinnati, OH 45202

Email: archives@catholiccincinnati.org

Fax: 513-421-6225

Signed: _____ **Dated:** _____