**Student Record Request Form**

Diocese of Steubenville Archives

**Name** Click here to enter text.

**Address** Click here to enter text.

**Phone** Click here to enter text.

**Email** Click here to enter text.

**School Attended** Click here to enter text.

**City of School** Click here to enter text.

**Years Attended** Click here to enter text.

**Reason for request:** Click here to enter text.

**Signature:** Click here to enter text. **Date:** Click here to enter text.

Please send this request form, **including your** **photo identification**, by one of the two following methods:

**Mail:** Diocese of Stubenville

411 Washington Street

P.O. Box 969

Steubenville, OH 43952

**Email:** [eteachout@diosteub.org](mailto:eteachout@diosteub.org)