



# Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize the Roman Catholic Archdiocese of San Antonio of Texas to release a copy (or copies) of my:

- School Transcripts
- Sacramental Records

To \_\_\_\_\_  
*(First and last name of Person or Name of Organization)*

Address of Person/Organization: \_\_\_\_\_

Address City/State/Zip Code: \_\_\_\_\_

I hereby represent that all the above information is true and accurate, and I agree to indemnify and hold harmless the Roman Catholic Archdiocese of San Antonio, its Bishop and successors inoffice, the aforesaid parish and all the other persons connected with them from any liability for releasing this information pursuant to my request.

Signature: \_\_\_\_\_  
*(Sign in the Presence of a Notary)*

Print Name: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

..... PARISH STAFF ONLY .....

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence, and presented the following form of identification as proof of his or her identity:

- Driver's License or Govt. Identification Card
- U.S. Passport
- U.S. Military ID Card
- State Identification Card



Parish Staff Name: \_\_\_\_\_  
*(Print Name)*

Parish Staff Title: \_\_\_\_\_

Parish Staff Signature: \_\_\_\_\_

**PLEASE ATTACH COPIES OF IDENTIFICATION WITH FORM. FORM VALID FOR A SINGLE REQUEST.**

<p><b>OFFICE USE ONLY</b></p> <p>Date Received _____ Received by _____</p> <p><i>Attach form with a copy of record released and keep until the end of the calendar year + 3 years, then dispose of properly. If for civil record verification, please send form and copy of record released to the Archives and Records Management Office.</i></p>
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