



*Archdiocese of Galveston-Houston*  
Secretariat for Catholic Schools  
Catholic Schools Office

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**TRANSCRIPT REQUEST**

**PRINCIPAL APPLICANT:**

To release transcripts universities usually require a signed request from the named individual. This form is provided to assist you in making that request.

**REGISTRAR:**

I have applied for a position with the Archdiocese of Galveston-Houston Catholic Schools. Please send an official transcript to the Superintendent of Schools. My signature below signifies permission for you to release my transcript.

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**Printed Name of Applicant (include Maiden, if applicable)**

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**Signature of Applicant**

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**Date of Graduation (or last attendance)**

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**Social Security Number**

**Registrar**

**Please mail official transcripts to:**

Sue Robenolt, Director of Teacher Personnel  
Archdiocese of Galveston-Houston  
Catholic Schools Office  
2403 Holcombe Blvd., Houston, TX 77021-2098  
Phone: 713 741-8704

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