



ST. JOHN PAUL II
CATHOLIC SCHOOL

REGISTRAR:

I have applied for a position with St. John Paul II Catholic School.

Please forward an official transcript along with this form to:
St. John Paul II Catholic School
Office Manager
1400 Parkway Plaza Drive
Houston TX 77077

My signature below signifies permission for you to release my transcript.

Thank you.

Printed Name of Applicant (include Maiden name if applicable)

Signature of Applicant

Date of Graduation

Social Security Number

APPLICANT:

Most universities require a signed request from the student to release transcripts. This form is to assist you in making that request. Please send it to the registrar with the required fee so the university may send your official transcript to my attention. Thank you.