

**DIOCESE OF CORPUS CHRISTI**  
**Request for Student Transcript/Records from Closed Catholic Schools**

Please use this form to request transcripts for students that have attended or graduated from closed Catholic schools in the Diocese of Corpus Christi. All other requests should be sent directly to the current/last school the student attends/attended.

Please print and fill out this form and return with a copy of government issued photo ID, research fee, and notarized Authorization to Release Student Transcripts/Records via **surface mail only** to: *Diocese of Corpus, Attn: Archives/Records, PO Box 2620, Corpus Christi, TX 78403*. Staff will process transcript requests only after receiving the above material.

The requested records (if available) will be mailed within six (6) weeks after receipt of this completed form.

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Name While Attending School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

School Attended: \_\_\_\_\_  
School Name, City

Last Year of Attendance/Graduation: \_\_\_\_\_

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**REQUESTED BY:** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Form of Identification / Driver's License (State & #) or Other: \_\_\_\_\_

*Please include a copy of driver's license/government issue photo ID*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_