

AUTHORIZATION TO RELEASE INFORMATION

(Please give to student's current school)

AUTHORIZATION IS HEREBY GRANTED TO:

Name of agency **sending** information or records to St. Theresa Catholic School

Address

Phone/Fax

TO RELEASE INFORMATION FROM THE
SOCIAL/PSYCHOLOGICAL/MEDICAL/EDUCATION RECORDS OF:

Name of student

Current grade

PLEASE SEND TO ST. THERESA CATHOLIC SCHOOL (address below):

1. Complete transcript of grades
2. Current year grades
3. Attendance Records
4. Conduct grades
5. Achievement and ability test results
6. Medical Records
7. Key to grading system
8. Accommodation Documentation (if applicable)

Authorized signature of parent/guardian

Date

Printed name of parent/guardian

Date

ST. THERESA CATHOLIC SCHOOL
ATTENTION: ADMISSIONS
6500 DURFORD STREET
HOUSTON, TX 77007

PHONE: 346-335-1706 • Fax: 346-335-1706 • Email: k.mccarty@sttheresa.cc • www.sttheresa.cc