



RELEASE OF SCHOOL RECORDS

_____, has my permission to release
Name of School

school records for: _____
Student Name Date of Birth

Please send the following information concerning this student:

- Transcript of the latest scholastic record completed at your school
- Achievement and intelligence test scores
- Health records
- Psychological testing, etc
- Discipline records

FORWARD TO: Saint Anne Catholic School
1111 South Cherry Street
Tomball, Texas 77375
ATTENTION: Admissions

You may fax records to 281-357-1905.

Parent Signature: _____ Date of Request: _____

NAME OF SCHOOL RELEASING RECORDS: _____

ADDRESS: _____
Street

City State Zip