



Authorization to Release information

Authorization is hereby granted to (Previous School)

Name of school, District, Agency, Business, or Individual

At

Address of School, District, Agency, Business, or Individual

To release information from the education, medical, and/or psychological records of

Name of Child

Date of Birth

Who has/is enrolled in Grade ___ at St. Mary's Catholic School in Temple, Texas.

Please send this information to the following address or **FAX to 254-778-1396**

ATTN: Principal
St. Mary's Catholic School
1019 South 7th Street
Temple, TX 76504

Authorization Signature of Child's Parent or Guardian

Date