

AUTHORIZATION TO RELEASE INFORMATION
(Entering Grades 1 – 8)
(Please give to student's current school.)

AUTHORIZATION IS HEREBY GRANTED TO:

Name of agency **sending** information or records to St. Vincent de Paul Catholic School

TO RELEASE INFORMATION FROM THE SOCIAL, PSYCHOLOGICAL, MEDICAL,
EDUCATIONAL RECORDS OF:

Name of student

Current grade

PLEASE SEND ANY OF THE FOLLOWING INFORMATION THAT APPLIES TO THE ABOVE
STUDENT TO ST. VINCENT DE PAUL CATHOLIC SCHOOL (address below):

1. Complete transcript of grades (including entry/exit dates)
2. Current year grades with exit grades
3. Attendance records
4. Conduct grades
5. Achievement, ability, and diagnostic test results
6. Key to grading system

Authorized signature of parent/guardian

Date

Printed name of parent/guardian

ST. VINCENT DE PAUL CATHOLIC SCHOOL
6802 BUFFALO SPEEDWAY
HOUSTON, TX 77025-1499
PHONE: 713.666.2345 ✧ FAX: 713.663-3562 ✧ WEBSITE: WWW.SAINTVINCENTSCHOOL.ORG