

**AUTHORIZATION TO RELEASE INFORMATION**  
(Entering Grades 1 – 8)

Please submit to student's current school

AUTHORIZATION IS HEREBY GRANTED TO:

\_\_\_\_\_  
Name of agency sending information or records to Epiphany of the Lord Catholic School

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

\_\_\_\_\_  
Name of student

\_\_\_\_\_  
Current Grade

PLEASE SEND ANY OF THE FOLLOWING INFORMATION THAT APPLIES TO THE ABOVE STUDENT TO  
EPIPHANY OF THE LORD CATHOLIC SCHOOL (address below):

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

\_\_\_\_\_  
Authorized signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/guardian

Epiphany of the Lord Catholic School  
20910 Highland Knolls Drive  
Katy, TX 77450

P: 832-391-6500 F: 832-391-6400 [www.EpiphanyCatholic.School](http://www.EpiphanyCatholic.School)