

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, PHYCOLOGICAL, 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
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Katy, TX 77450

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