

AUTHORIZATION TO RELEASE INFORMATION

Authorization is hereby granted to:

Name of Agency, School or District

Address

City, State

Zip

Phone#

to release information from the Social/Psychological/Medical/Educational records of:

Name of Student

To:

**CORPUS CHRISTI CATHOLIC SCHOOL
4005 CHEENA
HOUSTON, TX 77025**

ATTN: Principal

Authorized Signature of Parent/Guardian

Date