



## AUTHORIZATION FOR RELEASE OF RECORDS

As parent or legal guardian, I authorize you to release the following to The Briarwood School: Psycho-educational testing, academic records (transcripts, report cards, etc.), achievement tests, health records and/or other information that is pertinent to my child's educational needs.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Registrar/School Secretary E-mail: \_\_\_\_\_

Current School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

12207 WHITTINGTON DRIVE, HOUSTON, TEXAS 77077  
Phone 281.493.1070 Fax 281.493.1343

Admissions Assistant: [admissions@briarwood.org](mailto:admissions@briarwood.org)

FOR SCHOOL USE ONLY

Date Requested: \_\_\_\_\_ Sent: \_\_\_\_\_ Fee Paid: \_\_\_\_\_