



**THE
BRIARWOOD
SCHOOL**
EST. 1967

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 Database Manager: aackerman@briarwoodschool.org

FOR SCHOOL USE ONLY

Date Requested: _____ Sent: _____ Fee Paid: _____