



AUTHORIZATION FOR RELEASE
OF
CONFIDENTIAL INFORMATION/ RECORDS

Authorization is hereby granted to:

Name of school sending information or records

to release information from the social and/or educational records of:

Name of Student

To:

St. Catherine's Montessori
School receiving information or records

ADDRESS:

Amy Walz, Enrollment Management Director

9821 Timberside Street

Houston, TX 77025

Authorized Signature of Parent/Guardian

Date

Psychological and Medical records should be obtained from their original source.