



**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

Name of school receiving information or records

ADDRESS:

Amy Walz
Enrollment Management Director
St. Catherine's Montessori
9821 Timberside Drive
Houston, TX 77025

awalz@stcathmont.org

Authorized Signature of Parent/Guardian

Date

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