



22151 Frassati Way | Spring, TX 77389 | t 832-616-3217 | f 281-907-0675

Authorization to Release Information

To the Parent:

The school your son or daughter is presently attending cannot release his/her records without your written permission. After filling out this form, please give it to the school registrar at the current school for the release of records to Frassati Catholic High School.

Please release all of the academic records of my child,

Legal Name of Student (Please Print)

including academic transcripts, standardized test scores, and medical records to Frassati Catholic Office of Admissions.

Authorization is hereby granted to: _____
Name of your student's present school

Authorized Signature of Parent/Guardian

Date

To the Registrar:

The student named above is seeking admission to Frassati Catholic High School. Please send all records (including transcript, standardized test scores, and medical records) electronically to:

admissions@frassaticatholic.org

Please note: electronic delivery to the email address above is the preferred method. In the event you are not able to deliver the records electronically, please mail them to:

Office of Enrollment
Frassati Catholic High School
22151 Frassati Way
Spring, TX 77389

We appreciate your effort on behalf of this student, and we thank you for providing us with the needed credentials.