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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) to:

Frassati Catholic High School  
Office of Admissions  
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.