



STUDENT RECORD RELEASE AUTHORIZATION

TO THE PARENT(S) OR GUARDIAN(S):

Please complete this form and submit to your child's **current** school

Student Name (please print)

Birthdate

Current Grade

Current School Name

Street Address

City

State

Zip Code

The school listed above has my consent to release all school records, including health records, to Preston Hollow Presbyterian School.

Parent/Guardian Signature

Date

TO THE SCHOOL:

Please send all current school records for this student directly to:
Katie Machaj at kmachaj@phps.org
or fax them to 214.368.2255

Thank you!