



## 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](mailto:kmachaj@phps.org)

or fax them to 214.368.2255

Thank you!