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DIRECTOR  
Dr. Nicole Bell

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Dear Parent,

Please complete the form below and submit to your child's current school.

### STUDENT RECORD RELEASE AUTHORIZATION

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Student Name Birthdate Current Grade

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Current School Name Street Address

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City State Zip Code

The above named facility has my consent to release all school records, including health records to Preston Hollow Presbyterian School. Please email to [kburns@phps.org](mailto:kburns@phps.org) or mail to Preston Hollow Presbyterian School, 9800 Preston Road, Dallas, TX 75230. Your prompt attention to this request will be greatly appreciated.

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Parent/Guardian Signature

Date