

Authorization for Release of Records



To whom it may concern:

As parent or legal guardian, I authorize you to release to The Post Oak School all cumulative health records, academic transcripts, standardized test results, special education testing and recommendations, and psychological information for the student named below.

Please send records to:

Ashley Krug, Admission Director
The Post Oak School
4600 Bissonnet Street
Bellaire, TX 77401

Name of student:

Student date of birth:

Signature of parent/guardian

Date