



TRINITY EPISCOPAL SCHOOL

720 Tremont Street
Galveston, Texas 77550
409.765.9391
409.762.7000 – Fax

RECORDS RELEASE FORM

(Please fax or send sealed documents)

I hereby give permission to _____
(Name of Student's Current School)

to release the records of _____,
(Student's Full Name)

age _____, DOB _____, grade _____, to TRINITY EPISCOPAL SCHOOL.

Records should include the following: Attendance patterns, grades, standardized test results, involvement with disciplinary code, reports of previous teachers, and health (hearing & vision) records. **All information will be held in strict confidence by Trinity Episcopal School.**

Signature of Parent/Guardian

Date

Check one below:

_____: THIS STUDENT **IS** WITHDRAWING FROM CURRENT SCHOOL.

_____: THIS STUDENT **IS NOT** WITHDRAWING FROM CURRENT SCHOOL.