

**AUTHORIZATION TO RELEASE INFORMATION**  
**St. Helen Catholic School**  
Archdiocese of Galveston-Houston

AUTHORIZATION IS HEREBY GRANTED TO:

\_\_\_\_\_  
Name of Agency sending information or records

To release information from the Social/Psychological/Medical/Educational records of:

\_\_\_\_\_  
Name of Student Current grade

Please send the following information to St. Helen Catholic School.

1. Complete transcript of grades including entry and exit dates.
2. Current year grades and exit grades.
3. Attendance records
4. Conduct grades
5. Achievement and ability test results.
6. Key to grading system

TO: **St. Helen Catholic School**  
**2213 Old Alvin Road, Pearland, TX 77581**  
**Attention to: Registrar**

\_\_\_\_\_  
Authorized Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

Phone: 281 485-2845 Fax: 281 485-7607 Website: [www.sthelenchurch.org](http://www.sthelenchurch.org)