



Record Release Request

To expedite the transfer of necessary student records from your child's school to ours, please complete and sign this form and present it to your child's current school.

I, _____, the parent of _____, give permission to my child's current school to release/forward all the educational, discipline, attendance, and health records to Calvary Episcopal Preparatory.

Release from:

Release to:

Current School

Calvary Episcopal Preparatory

Attn:

Attn: Admissions

Address

1201 Austin St.

Richmond, TX 77469

City/State/Zip

Email: Admissions@ces-richmond.org

Signature of Parent/Guardian

Date

Called to a *Higher* Standard