

*The Brook Hill School Lower School*  
**PERMISSION TO RELEASE SCHOOL RECORDS**

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, we have included the signed student Record Release Authorization form.

**TO BE FILLED IN BY PARENT:**

Permission is requested to release records of \_\_\_\_\_

(Student birth date \_\_\_\_\_) who is or has been enrolled in your school.

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**BROOK HILL SCHOOL REQUESTS THE FOLLOWING INFORMATION:**

\_\_\_\_\_ Report Card

\_\_\_\_\_ Official Administrative Record (name, address, birth date, grade level completed, present grade, placement, class standing, attendance, etc.)

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ Principal/Counselor and Teacher Recommendations (forms included)

\_\_\_\_\_ Record of Discipline and/or Behavior Report

\_\_\_\_\_ Health Records (Immunization Records and Birth Certificate)

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

I, the undersigned, grant permission for The Brook Hill School to receive the requested information.

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Date of signature*

*Address: The Brook Hill School  
1051 N Houston St  
Bullard, Texas 75757 USA*



*Phone: (903) 894-5000  
Fax: (903) 894-6332  
Country Code: (011)*