



**ST. ELIZABETH ANN SETON  
CATHOLIC SCHOOL**

**RELEASE OF RECORDS**

Dear Parents,

Federal legislation mandates that parental consent be granted (for students under the age of 18) before any school records can be divulged. **Please complete only one of the following sections:**

**Students Applying to St. Elizabeth Ann Seton Catholic School**

To Whom It May Concern:

I hereby give \_\_\_\_\_  
*Current School* *Address*

permission to forward the education and health records of \_\_\_\_\_  
*Name of Student*

to St. Elizabeth Ann Seton Catholic School.

To Whom It May Concern:

I **do not** wish the education and health records of \_\_\_\_\_ to be  
*Name of Student*

forwarded to St. Elizabeth Ann Seton School.

**Please send all records to:**      **St. Elizabeth Ann Seton Catholic School**  
**6646 Addicks-Satsuma Rd.**  
**Houston, TX 77084**  
**281-463-1444 (phone)      281-463-8707 (fax)**

**Students Leaving St. Elizabeth Ann Seton Catholic School**

I hereby give St. Elizabeth Ann Seton School Catholic School, 6646 Addicks-Satsuma Road, Houston, Texas 77084 permission to release the education and health records of:

Student Name: \_\_\_\_\_ Please forward records to:

\_\_\_\_\_ *School* \_\_\_\_\_ *Address*

I **do not** wish for the education and health records of \_\_\_\_\_  
*Name of Student*

to be released by St. Elizabeth Ann Seton School.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date