



AUTHORIZATION FOR RELEASE OF INFORMATION

As a parent/legal guardian of:

Name: _____ Grade: _____

I authorize:

SCHOOL _____

ADDRESS _____

to release to DUCHESNE ACADEMY OF THE SACRED HEART requested teacher recommendation(s), official copies of all transcripts and report cards for this year and the previous two school years, and the results of all previous standardized tests which are pertinent to the above named student.

SIGNATURE OF
PARENT/GUARDIAN: _____

Information should be forwarded to:

ADMISSIONS OFFICE
DUCHESNE ACADEMY OF THE SACRED HEART
10202 MEMORIAL DRIVE
HOUSTON, TEXAS 77024

Or emailed to:

admissions@duchesne.org

Wise hearts, sharp minds.

10202 Memorial Drive, Houston, Texas 77024-3299

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