



# HOLY ROSARY

## CATHOLIC SCHOOL

"Bright Futures Shine Here"

### Release of Records Form

Parents: Please sign and complete this Release of Records Form and return to Holy Rosary Catholic School.

### Authorization

As parent or legal guardian, I authorize you to release all academic transcripts, standardized tests, psychological information, cumulative health and immunization records to **Holy Rosary Catholic School**:

By Email: Cheryl Wehring - [cwehring@holyrosary-school.org](mailto:cwehring@holyrosary-school.org)

By Mail: Admissions  
Holy Rosary Catholic School  
1426 George St.  
Rosenberg, TX 77471

\_\_\_\_\_  
Student's Name and Grade

\_\_\_\_\_  
Name of Current School

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Current School Office's E-Mail Address

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

\_\_\_\_\_  
Current School's Phone Number

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Attention:

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip