



Alamo Heights Independent School District

7101 Broadway Φ San Antonio, Texas 78209 Φ Phone 210-824-2483

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

School

Address

City

Zip

Phone Number

Fax Number

Name of Student(s)

Date of Birth

Current Grade

Name of Student(s)	Date of Birth	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize the release of any and all transcripts, grades, test records, record of attendance, health records, psychological and diagnostic evaluations on the student(s) listed above to:

Dr. Dana Bashara, Superintendent
Alamo Heights Independent School District
7101 Broadway
San Antonio, Texas 78209

Signature of Parent or Guardian

Date