



Authorization for Release of School Record

Instructions: The person authorizing release must be: (1) the person named in the record; or (2) the parent if the named person is a minor child. If the form is not notarized, check that the ID information is entered correctly and appears to be that of the individual who is submitting the form.

I, _____ (name), with the following government-issued photo ID:
_____ (type) _____ (ID number)

authorize the Catholic Diocese of Austin (“Diocese”) and its related parishes, schools, and other organizations (“Organizations”) to release a copy of the following record: (check one)

- Student Transcript for _____ (student name)
for years _____ (years attended)
- Service Record for _____ (name of teacher)
for years _____ (years of service)
- Other: _____

from the following school:

Name of School: _____
City of School: _____

to the following individual or entity:

Recipient Name: _____
Recipient Address: _____

I agree to indemnify and hold harmless the Diocese, the Organizations, the Bishop of Austin and his successors in office, and all other persons connected with them, from any liability for releasing this information pursuant to this request and authorization.

(signature) (date)

Mailing Address: _____

Email: _____ Phone: _____

Submit this form in person (along with the photo ID referenced above) or have the form notarized below.

State of _____
County of _____

This instrument was acknowledged before me by _____ (above-named person) on this
_____ day of _____, _____

(seal) _____
Notary Public for the State of _____