Alamo Heights Independent School District

Office of the Superintendent

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

School

Address City Zip

Phone Number Fax Number

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: _____ **Date**: _____