



"SOAR LIKE AN EAGLE!"

TREZVANT ACADEMY, INC

Release of Records

Dear Parents,
Federal legislation mandates that parental consent be granted (for students under the age of 18) before any school records can be divulged. **Please complete only one of the following sections:**

Students Applying to Trezvant Academy

To Whom It May Concern:	
I hereby give _____	
Current School	Address
To Trezvant Academy	

To Whom It May Concern:	
I do not wish the education and health records of _____ to be	
Name of Student	
Forwarded to Trezvant Academy	

Please email or fax all records to: ATTN: Trezvant Academy Human Resource Dept.

EMAIL: ljt@trezvantacademy.com | FAX: (832) 688-9011

Students Leaving Trezvant Academy

I hereby give Trezvant Academy, P.O. Box 842642, Houston, TX 77284 permission to release the education and health records of:	
Student Name: _____	Please forward records to:

School	Address

I do not wish for the education and health records of _____ to be released to Trezvant Academy

Signature of Parent or Guardian _____ Date: _____