

TEXHOMA INDEPENDENT SCHOOL DISTRICT
P O Box 709 - 4TH & DENVER
TEXHOMA, TX 73949
PHONE: 806/827-7400 FAX: 806/827-7657

AUTHORIZATION TO RELEASE STUDENT INFORMATION
AUTORIZACIÓN RENUNCIAR INFORMACIÓN DE ESTUDIANTE

Student's Name _____
Nombre de estudiante

Date of Birth _____ Grade (this year) _____
Fecha de nacimiento Grado (eso ano)

Authorization is hereby granted to:

Autorización es concedo a:

Previous School _____
Escuela previos

Address _____
Dirección

City _____ State _____ Zip Code _____
Ciudad Estado Zip Code

Telephone _____ Fax _____
Telefono Fax

Signature of Parent/Guardian / Firma de Padre o Guardián

Date / Fecha

Please release:

Birth Certificate, Social Security Card, Academic Records, Testing Scores,
Immunization/Health Records, Special Education/Psychological Records,
Bilingual/ESL Records

These records should be released to:

TEXHOMA ISD
PO BOX 709
Texhoma, TX 73949