



**Robert M. Beren Academy**  
**11333 Cliffwood Drive**  
**Houston, Texas 77035**  
713-723-7170 Fax: 713-723-8343

ROBERT M. BEREN  
ACADEMY

## RECORDS RELEASE FORM

I authorize you to release to Robert M. Beren Academy all academic transcripts, behavioral records, standardized test scores, special education test scores, psychological/psychosocial evaluations and recommendations.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School/Psychologist/Therapist

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date