REL VERIFICATION

CAMPUS NAME The Woodlands College Park

CAMPUS ID 107-902-14

STUDENT NAME _____

DATE(S) OF REL _____

Attach parent note, if you receive one, and/or have parent complete Information below.

This is to verity that my child (named above) missed school _____for the purpose of
(Dates)
observing the below named religious holy day, which I understand is defined as a day that all members of an established religious community are obligated to serve as a tenant of the faith.

_____
(Holy Day)

_____ _____
Parent/Guardian Signature **Date**