

Conroe Independent School District

**REL VERIFICATION**

**CAMPUS NAME** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

**STUDENT ID# (Local)** \_\_\_\_\_

**DATE(S) OF REL** \_\_\_\_\_

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

\_\_\_\_\_

**This is to verify that my child (named above) missed school on \_\_\_\_\_ for the**  
**(Dates)**  
**purpose of observing his/her faith's religious holy day or event known as \_\_\_\_\_.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**