

MONTESSORI ACADEMY

AUTHORIZATION FOR THE RELEASE OF RECORDS

School: _____

Address: _____

City/State/Zip: _____

On behalf of my child, _____
who is presently enrolled at your school, I have applied to Montessori Academy beginning with the term starting _____, 20_____. I hereby consent to the release of your school records pertaining to the above named student. For the purpose of this consent, "school records" include, but are not limited to: **academic records, health records, disciplinary records, special education records, and educational testing.** I further authorize representatives from Montessori Academy to speak directly to your staff about such records.

Parent or Guardian (Signature) Date

Parent or Guardian (Print) Telephone

Home Address Street City/State/Zip

Please forward these records to:

**Director of Education
Montessori Academy
875 Ragged Edge Road
Chambersburg, PA 17202**

(717)-261-1110