

Name

Permission Form to Release Student Information

All requests for student records, recommendations, evaluations, and other forms should be given to the Office Manager (<u>moriah@msdurham.org</u>) rather than directly to the teacher. Records and recommendations will not be transmitted until the office receives the release below signed by the parent(s). In the case of admission to another private school, this records request form is usually supplied by the admitting school. It is the parents' responsibility to provide the appropriate permissions to the office along with the forms to be completed. The office will forward the forms to be filled out to the teacher(s), and ensure timely delivery to the recipient institution. This permission is only valid for the school year (August – July) during which the permission form was submitted.

Please allow a minimum of ten business days prior to a school's application deadline for us to process recommendations and student records. Three recommendations/student records will be processed at no cost to our families. Each request thereafter will incur a fee of \$25 that should accompany the request.

I/We, the legal guardian(s) of ______, do authorize (child's full name)

Montessori School of Durham to release information for the student named above to:

Addre	ss:		
Email:			
Phone	:		
FAX:			
Deadl	ne:		
I would like for the fo	llowing documents to be s	ent to the organization	n listed above:
Current records f	rom at least three previous	s years, if applicable	
Health records			
Other (please list):		
We understand this in named above.	nformation will be sent dire	ectly by MSD to the so	chool, office, or institution
Parent signature		Print Parent Name	
Parent signature		Print Parent Name	
Date		Updated 1/18/2022	
2800 Pickett Roo	ad Durham NC 27705	(919) 489-9045	www.msdurham.org