

Request for Student Records

Student's Name: _____

Birthdate: _____ Grade: _____

Information on last school attended:

Name of school: _____

Complete mailing address:

Phone number: _____

I, _____, the parent/legal guardian of the above named student, hereby authorize the principal of _____ School to release all school records, immunizations, report cards and test scores to:

Montessori Arts and Sciences School
3016 Highland Drive
Carlsbad, CA 92008

I understand that records are released only with the written consent of the parent or legal guardian.

Signature of Parent/Legal Guardian

Date