

The Montessori School of Camden

Authorization to Release Information

I hereby authorize _____, located at
(Name of school)

(Street address) (City) (State) (Zip code)
to release the records of _____
(Name of student)

to the Montessori School of Camden, located at Two Montessori Way, Camden, South Carolina, 29020.

Please send the following records: academic, immunization, medical, physiological, and social, as well as standardized achievement test scores and any other evaluative information.

My child does, does not (please circle answer that applies) have Special Education Records (IEP, IAP, Eval, 504, etc.) that will need to be released.

(Parent/guardian)

(Date)

