



# RELEASE AUTHORIZATION

## SCHOOL RECORDS AND TRANSCRIPTS

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**To be completed by the parent or guardian**

Child's Name: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Address of Current School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

I grant permission to release my child's official school health records, student records and transcripts to Oak Hill Montessori School.

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents/Guardians:** Please give this form along with the Confidential Student Evaluation to your child's current school office as soon as possible.

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**Office:** Please forward the child's official school health and student records and transcripts, along with the Confidential Student Evaluation, by \_\_\_\_\_ to:

**Oak Hill Montessori School**  
**4665 Hodgson Road**  
**Shoreview, MN 55126**  
**Attention: Erin Doan, Head of School**