



RELEASE AUTHORIZATION

SCHOOL RECORDS AND TRANSCRIPTS

To be completed by the parent:

We have applied to Oak Hill Montessori School for our child:

Child's Name: _____

Name of Current School: _____

Address of Current School: _____

Current Grade Level: _____

I hereby give permission for you to release my child's official school health and 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 Teacher Confidential Evaluation to your child's current school office as soon as possible.

Office: Please forward the child's official school health and student records and transcripts, along with the Teacher Confidential Evaluation by _____ to:

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

Thank you for your prompt response to this request.