



STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

We respectfully request the prompt receipt of school records for the student listed above, including

- Cumulative academic records including Conference / Progress reports and Report Cards
- Testing results
- Disciplinary records
- Health / Immunization forms
- Any other pertinent information

Dates of attendance at current school: \_\_\_\_\_

### Parent Authorization for release of information to the Montessori Academy of Chicago

I hereby authorize \_\_\_\_\_ (name of school)  
 \_\_\_\_\_ (address of school) to release  
 information / records concerning the above named student.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**Please mail this form and the student's records directly to:**

**Montessori Academy of Chicago**

Attn: Admissions Office  
1334 West Randolph Street  
Chicago, Illinois 60607

If you have any questions, please contact the Admissions office at 312.243.0977

**Thank You.**