



SUMMIT
MONTESSORI SCHOOL

Records Release Form

Please complete this form and give it to your child's school registrar or the person responsible for maintaining school records. They can send records to Summit by mail/email/fax using the information below.

Student Name: _____

Current School: _____

School Address: _____

School Phone Number: _____

I give my permission for the release of the above candidate's records. This should include all school records, including test scores, report cards, or progress reports and any other academic information concerning my child. It is understood that the privileged and confidential nature of such records will be preserved. Thank you for your assistance.

Signature of Parent/Guardian: _____

Date: _____



508-872-3630



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