



Wilmington Montessori School

Permission for Release of Records

Dear Parent or Guardian,

Please complete this form to give Wilmington Montessori School permission to release your child's records to another school/institution. Return this form to the Director of Admissions at least two weeks prior to the date records and/or recommendations are needed. The Admissions Office will release all records and recommendations directly to the school/institution requesting them.

Best,
Tiffany Harrison
Director of Admissions
Wilmington Montessori School
302-475-0555
admissions@wmsde.org

In accordance with the Family Educational Rights and Privacy Act (as amended in 1989), I hereby authorize the release to the below named school, educational institution, physician, or therapist a copy of records including grades and all health, psychological, social, educational, and developmental information regarding the below named student.

Student Name: _____ **Current Grade Level:** _____

Please place an X next to what records should be released:

All Records and Letter(s) of Recommendation Letter(s) Recommendation Only
 Health Records Current Progress Report All Progress Reports Evaluation Documents

Send records to:

School/Institution: _____

Attention of: _____

Address: _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Today's Learners; Tomorrow's Leaders.

1400 Harvey Road, Wilmington, DE 19810 www.wmsde.org PH: 302.475.0555 FX: 302.529.7004

Accredited by the American Montessori Society, NAEYC and Middle States Association of Colleges and Schools