



# Shrewsbury Montessori School

*Growing Bright Minds from Age Three through Grade Six*

## Authorization to Release Information to Shrewsbury Montessori School

Student Name: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_

*Student's current school*

to release copies of records regarding the student listed above.

Copy of records to be released:

- Official Administrative Records: Name, address, birth date
- Current Student Progress Report
- Standardized Test Data (as available)
- Health and Immunization records
- Psychological Reports

Please send the records to:

**Shrewsbury Montessori School**  
**55 Oak Street**  
**Shrewsbury, Massachusetts 01545**

Parent/guardian print name: \_\_\_\_\_

Signature of Parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_