



## RELEASE OF STUDENT RECORDS

Please complete and mail this form to the student's current school. The purpose of this form is to enroll or transfer to a new school.

I give my permission to Quest Montessori School to:

Release: \_\_\_\_\_ Obtain: \_\_\_\_\_ (check one)

The following records of my child, \_\_\_\_\_,

To: \_\_\_\_\_ From: \_\_\_\_\_ (check one)

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Records to be released:

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

#### Check all that apply:

- \_\_\_\_\_ Official Cumulative Records
- \_\_\_\_\_ Special Needs Information
- \_\_\_\_\_ Standard & Individual Test Data
- \_\_\_\_\_ Health/Immunization Records

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail records to:** Quest Montessori School 1150 Boston Neck Road, Narragansett, RI 02882

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