



Montessori Academy Inc ◇ 6050 N Invergordon Rd ◇ Paradise Valley, AZ 85253 ◇ Voice 480-945-1121 ◇ Fax 480-874-2928

Authorization for Request/Release of Student Records

I Hereby Authorize:

Name of School: _____

Address of School: _____

Phone# of School: _____

To release any and all student records, including cumulative, medical, and special education records to Montessori Academy for the following student:

Student Name: _____

Student Birth Date: _____

On the authorization of:

Parent/Guardian Name (print): _____

Parent Signature: _____ Date: _____

Please mail all aforementioned student records to:

Montessori Academy
Admissions/Enrollment
6050 N Invergordon Rd
Paradise Valley, AZ 85253