



# MONTESSORI ACADEMY OF NORTH HOFFMAN

FREEMAN WEST HUNTINGTON FREEMAN EAST

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## CONSENT FOR RELEASE OF INFORMATION

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

☐ I authorize Montessori Academy of North Hoffman to release information concerning the above named student to:

☐ I authorize Montessori Academy of North Hoffman to obtain information concerning the above named student from:

NAME/SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please check all that apply:

☐ Student Records

☐ Other \_\_\_\_\_

☐ I do not authorize release of the following records \_\_\_\_\_

I understand upon written request that I have the right to inspect, copy, and challenge the information contained in the records prior to release. This includes the right to release all or part of my child's record.

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

Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_