



ADVENTURE MONTESSORI

RELEASE OF RECORDS & INFORMATION

Please complete, sign and deliver this release form to all of your child's previous and current schools, therapist(s), evaluators and other pertinent practitioners. **Please include all academic and health records / reports, tests, evaluations and screenings.** These do not need to be submitted at the same time as the other application materials but must be received in order for the application file to be completed.

In addition, it may be necessary for Adventure Montessori or staff member to talk to your child's current teacher, therapist, or other practitioner for additional information. By signing this form you provide consent and authorization for this valuable exchange of information.

Student name:

Last _____ M _____ First _____

Current grade _____ Enrolling grade _____ School Year 20__ __

Date of birth ____/____/____

RECORDS AND INFORMATION RELEASE FROM:

School _____

Teacher's name _____

Therapist/Practitioner name _____

Title _____

Address _____

City, state, zip _____

For the student named above, I authorize the release of records and information both written and verbal to Adventure Montessori Learning. This includes but is not limited to all cumulative records and information including educational, developmental, psychological and sociological information, evaluations, and screenings; all testing, scholastic achievement, transcripts and standardized testing; as well as all health, immunizations, screenings, and medical records. I further hereby release Adventure Montessori Learning from all liability pertaining to the disclosure of this information.

School representative _____ date _____

Please mail or fax records to:

Address: 250 S. Cherrywood Drive, Lafayette, CO 80026 fax: 303.604 6653