



916 East 3rd Street
Duluth, MN 55805
218.464.5570
manyrivermontessori.org

Authorization for Release of Information

Child's current/former school or day care:

Address: _____ Phone: _____
_____ Fax: _____
_____ Email: _____

Permission is hereby given to Many Rivers Montessori School to receive information from you regarding:

Child's Name: _____

Address: _____

Reason for Request: _____

Copy of records to be transferred include:

- _____ Official Administrative Records: name, address, birth date
- _____ Current Pupil Progress Reports
- _____ Standardized Test Data (as available)
- _____ Health & Immunization Records
- _____ Psychological Reports

Parent/Guardian Signature

Date

Please Forward Information to:
Brenda Ciardelli, Director of Admissions
Or email to: student.records@manyrivermontessori.org
Or fax to: 218.464.5569