

childrenstree.org

96 Essex Rd • Old Saybrook, CT 06475

860.388.3536

Student Records Release Form

Please return to: The Children's Tree Monte	ssori School, 96 Essex Road, Old Saybrook, CT 06475
☐ Exchange of Information ☐ Release	ise of Records
Student Name:	DOB:
Official School Records (Demograph	ic Info, Transcript, Test Scores, Attendance)
Special Education Records (Individu	al Educational Plans, Evaluations)
504 Records	
Health Records (Immunizations)	
Referral Letter	
Other:	
I hereby authorize The Children's Tree Mont remain confidential between CTMS and the	essori School to exchange information and/or release records that will sending institute.
Release to and communicate with:	
Receive from and communicate with	1:
Name/Institution:	
Address:	
Phone:	Fax:
	dential between The Children's Tree Montessori School and the sending
institutions. All information will be provided	to CTMS and will not be shared with me.
Parent/Guardian Name	
Parent/Guardian Signature	Date

This consent will expire ONE YEAR from date signed