



# Trent Montessori Preschool

## AUTHORIZATION FOR RELEASE OF RECORDS TO

School's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

From: **Trent Montessori 305 Park Avenue, Newport, KY 41071**

For the following listed records of \_\_\_\_\_  
(name of student)

\_\_\_\_\_ (birth date) \_\_\_\_\_ (grade)

### RECORDS

\_\_\_\_\_ All Health Records

\_\_\_\_\_ Attendance Records

\_\_\_\_\_ Grade Records

\_\_\_\_\_ Explain Grading System

\_\_\_\_\_ Special Education Records,  
including psychological data

\_\_\_\_\_ Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_

(Sign on appropriate line below)

Parent of legal guardian \_\_\_\_\_ Date \_\_\_\_\_

(This authorization will be kept in the student's cumulative folder in accordance with Public Law 93-380 Family Educational Rights and Privacy Act 1974).