



South
Suburban
Montessori
School

Where Children Grow
www.ssmsmontessori.net

REQUEST FOR RELEASE OR TRANSFER OF RECORDS

NAME OF STUDENT _____

DATE OF BIRTH _____ GRADE _____

Please send all pertinent records including transcript of grades, group and individual psychological test records, medical records and immunization records, grades to date of withdrawal and any other information that would be of help.

Records transferred by authorization of this release will not be released to another person, school or agency other than the one listed above without the written consent of the parent, guardian or legal age pupil.

Permission is granted for records to be released by:

Signature

Relationship

Date _____

Send records to:

South Suburban Montessori School
4450 Oakes Road, Bldg. #6,
Brecksville, Ohio 44141

Phone (440) 526-1966, Fax (440) 526-6026
www.ssmsmontessori.net