



## Student Record Release Form

Student's Full Name: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Contact: \_\_\_\_\_

I give permission for the Ocean State Montessori School to request records (transcripts, health and educational testing) and references for my child. I understand that the records and recommendations become the property of the Ocean State Montessori School and are confidential and not available to the applicant or family.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

This form should be returned to the OSMS office along with your child's application.