



Request for Release of School Records

The following student has registered at Love of Learning Montessori School. Please release the following information as soon as possible by fax (631)754-4110 or via email to administration@lolmontessori.org.

Student Name _____

Student Grade _____ Date of Birth _____

I hereby authorize the school named below to forward all academic records including transcripts, health and attendance records, most recent report card and current grades at time of withdrawal, in addition to academic intervention services (IEP's), psychological reports and ESL (English as a Second Language services), if applicable.

School Address

School Phone Number

School Fax#

Parent/Guardian Signature

Date