



# MONTESSORI SCHOOL OF NORTH HOFFMAN

1250 Freeman Road  
Hoffman Estates IL 60192-1727  
Phone: (847) 705-1234  
Fax: (847) 705-0506

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## CONSENT FOR RELEASE OF INFORMATION

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Birthdate

I authorize Montessori School of North Hoffman to release information concerning the above named student to:

I authorize Montessori School of North Hoffman to obtain information concerning the above named student from:

NAME/SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Please check all that apply:

Student Records (Includes: academic records, health records, transcripts, test scores, etc.)

Other \_\_\_\_\_

I do not authorize release of the following records \_\_\_\_\_

I understand upon written request that I have the right to inspect, copy, and challenge the information contained in the records prior to release. This includes the right to release all or part of my child's record.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code