



## Authorization and Permission to Release Medical, Educational, and Behavioral Records

Student Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous School: \_\_\_\_\_

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

School City, State, Zip: \_\_\_\_\_

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

I authorize the release of my child's school records, including educational, medical, and behavioral information to Sunstone Montessori School.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the Registrar:

The student named above, who is currently enrolled in your school/care facility, or recently attended your school/care facility, has applied for admission at Sunstone Montessori School. Please send us copies, only from the last two years, of progress reports, standardized test scores, teacher comments, or other pertinent information you feel might be helpful to us in evaluating the student's development. Be assured that all of the information you provide will be held in strict confidence. Please **email records to [admissions@sunstonemontessori.org](mailto:admissions@sunstonemontessori.org)**. Put "Student Records" in the subject line, and we will reply with a confirmation email.

If emailing is not possible, please mail to: Sunstone Montessori School  
5235 SE Woodstock Blvd.  
Portland OR 97206

Alternately, fax: (503) 452-3101