



AUTHORIZATION FOR RECORDS RELEASE

In accordance with Federal and State laws, I hereby authorize

Current School

Address

to release complete student records for

Name of Student

Grade

Signature of Parent

Address

Phone

Date

To the school:

The student listed above is a candidate for admission to Near North Montessori School. Please submit this student's records as soon as possible to the address below. Thank you very much for your assistance.

Respectfully,

NNM Admissions Office

Near North Montessori School
1434 W. Division St.
Chicago, IL 60642
773-269-6230 (office)
773-384-2711 (fax)
admissions@nnms.org