



**Release of Records Authorization Form
1st – 8th Grade**

To the parent or guardian:

Please complete this form, sign where indicated, and return to Country Day School to request that the records indicated below are forwarded to the following address or faxed as soon as possible.

Director of Admissions
Country Day School
11499 Vonn Road
Largo, Florida 33774
Fax: 727-596-5479

Name of Student: _____

As parent/guardian of the student named above, I authorize

Name of Agency, Institution	Address
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to release confidential record information to the Director of Admissions at Country Day Montessori. Specific information to be released should include the following:

- _____ Academic records for the current year, as well as the previous two years in school
- _____ Copies of all standardized test results
- _____ Teachers evaluation(s) on the enclosed form(s).
- _____ Other: _____

I do hereby give permission for the release of my child's educational records to Country Day Montessori.

Signature of Parent or Guardian

Date

Please return to Country Day/Admissions Office
11499 Vonn Road, Largo, Florida 33774
P.O. Box 4303 Seminole, Florida 33775-4303
727-596-1902 727-596-5479 www.countrydaylargo.com