



## AUTHORIZATION FOR THE RELEASE OF SCHOOL RECORDS

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(Name of student)

is applying for admission to Montessori School of Fort Worth

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

To:

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Name of Current School

- Please send:  Transcript/Report Card  
 Standardized Test Results  
 Attendance Records

To: Admissions  
Montessori School of Fort Worth  
3420 Clayton Road East  
Fort Worth, TX 76116  
(817) 732-6601 – FAX  
[office@msftw.org](mailto:office@msftw.org) - email

I hereby authorize the above named school to release the requested information on my child.

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Signature of Parent or Guardian

Date