

## Request for Release of Records

Rev. 12/2012

*If your child was in a school prior to Alexander, please give this form to the Administrative Office at that school.*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Records to be released:

- Academic Grades/Progress Reports
- Test Scores
- Health and Immunization Record
- Attendance
- Other (specify) \_\_\_\_\_

Did the family meet financial obligations on time?  Y  N

If not, please explain here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The record(s) indicated above is(are) to be released to:  
Maria Franco, Admissions Office, Alexander Montessori School  
6050 SW 57<sup>th</sup> Avenue • Miami, FL 33143  
P (305) 665-6274 • F (305) 665-7726  
mck@alexandermontessori.com

Name and address of school releasing records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE FINAL REGULATIONS – FAMILY EDUCATIONAL RIGHTS and PRIVACY ACT (BUCKLEY AMENDMENT), dated June 1976, no longer requires written parental consent to release student educational records between schools. These regulations state that school officials in school systems in which the student may intend to enroll may release and receive a student's records without a written consent for such a release.

