

Harborlight Montessori School

243 Essex Street, Beverly, MA 01915

Authorization to Release/Obtain Student Records

Permission is hereby granted for Harborlight Montessori School to release/obtain all academic reports, health forms, standardized test results and special education reports, if any, regarding:

Student Name: _____

Date of Birth: _____

Current Grade: _____

Please include only the records from the past _____ year(s).

Signature of Parent or Guardian

Date

Please send records to:

Harborlight Montessori School
243 Essex Street
Beverly, MA 01915

Name of School: _____

Address: _____
