



TRANSCRIPT RELEASE AUTHORIZATION

I hereby request and authorize the release of a copy of all school records, test scores and any other relevant record regarding the applicant's academic, social, and emotional development

for _____
Student's Name

Grade

To:

**Reston Montessori School
1928 Isaac Newton Square
Reston VA, 20190
Fax: 703-435-9308**

ATTN: Admissions Office

I understand that this information is confidential and affirm that I am the parent or legal guardian responsible for this student. I hereby authorize the release of these records to Reston Montessori School.

Date

Signature of Parent