

Request for Release of Confidential Records

To: Brickton Montessori School
Attn: Director of Advancement
8622 W. Catalpa Avenue, Chicago, IL 60656

I, _____, the parent/guardian
(insert your name)

of _____, (strike the foregoing clause if you are a student
(insert student's name) requesting your own records)

Request that you (check one or more):

- ☐ Permit the inspection of
- ☐ Allow the photocopying of
- ☐ Make photocopies of

the following confidential records pertaining to the above named student:

- ☐ application
- ☐ Academic records
- ☐ Tuition agreement
- ☐ Previous school information
- ☐ Medical forms
- ☐ Any accident or incident reports

by: _____
(insert the name of person who will inspect or photocopy)

{OR}

mail such records to:

Brickton Montessori School
Attn: Director of Advancement
8622 W. Catalpa Avenue
Chicago, IL 60656

I agree to reimburse you for all photocopying and postage charges to be incurred by you, prior to the photocopy or mailing, at a rate of \$ _____. _____ per page.

I understand that original documents may not be removed from the school and that all photocopying and inspection of records must take place on the premises of the school, during school hours, and by appointment.

Printed Name*:	
Signature:	Date:

**Note: If you are a legal guardian, you must submit a certified copy of your letters of office with this request.*