



Isthmus
Montessori
Academy

Isthmus Montessori Academy (Public) - Release of Information
 CONSENT FOR THE RELEASE OF INFORMATION

Isthmus Montessori Academy (Public) is committed to the privacy of all students. Isthmus Montessori Academy (Public) will not obtain or release student information from any outside organization without proper use of this form. If the student is not of legal age, the parent or legal guardian must express written or verbal consent for Isthmus Montessori Academy (Public) to exchange student information with outside organizations.

This form serves as a release of information between Isthmus Montessori Academy (Public) and _____ in regards to _____'s school records.

(Provider or Organization Name)

(Student Name)

Once this document is signed and returned by all parties, Isthmus Montessori Academy (Public) and _____ will be authorized to exchange information from ____/____/____

(Provider or Organization Name)

(Current Date)

until permission is revoked in writing by the student, parent or legal guardian, Isthmus Montessori Academy (Public), or service provider/organization.

 Student Name, if signing for self Student Signature, if signing for self Date

 Parent/Guardian Name Parent/Guardian Signature *Verbal Consent Given? Y/N (circle one)* _____
Ignore if providing written permission Date of written/verbal consent

 School District Representative Representative Signature Date

 Provider or Organization Representative Representative Signature Date



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Records for the following student are to be **released** from:
from:

Isthmus Montessori Academy (Public)
1802 Pankratz Street, Madison, WI, 53704
Phone: (608) 661-8200
Fax: (608) 492-0795

Information on the following student is to be **received**

ATTENTION: _____
(Department Name: ex., Registrar, Primary Care, etc.)

Isthmus Montessori Academy (Public) will release the following information on _____
(Student Name)
to _____
(Provider or Organization Name)

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> IEP/SPED Records - if applicable |
| <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Legal Documents - Custody |
| <input type="checkbox"/> Teacher/Staff Observations and Notes | <input type="checkbox"/> Student Portfolio |

I contest that this form is completed in its entirety.

(Signature of Isthmus Montessori Academy Representative)

(Signature of Provider or Organization Representative)

(Date)

(Date)