



Enfield Montessori School & Chiaravalle Academy  
1325 ENFIELD STREET, ENFIELD, CT 06082

## RELEASE AND RECEIVE PERSONALLY IDENTIFIABLE INFORMATION

I give my permission to the Enfield Montessori School to release and receive records of \_\_\_\_\_  
\_\_\_\_\_ as specified below to and from the following party or class of parties for  
(Student's Name)  
the purpose(s) stated.

Party or Class of Parties to whom Disclosure May Be Made: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Records to be Disclosed:

☐ Academic

☐ Tests

☐ Health

☐ Attendance

☐ Grades to Date of Withdrawal

☐ Special Education Records

☐ All Confidential Materials

☐ All Educational Records

☐ All Medical Records

☐ Other \_\_\_\_\_

Purpose(s) for Disclosure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Any personally identifiable information obtained by the recipient cannot be disclosed to a third party without the prior written permission of the parent or guardian of the student.*

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized School Official