



REQUEST FOR STUDENT RECORDS

Parent or guardian: Please address, fill out information on student, sign, date and submit to your child's *present* school.

PRESENT SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ Phone: _____

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Full Name of Child	Date of Birth	Current Grade
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I hereby authorize the release of the cumulative records of my child to Undercroft Montessori School. I understand any information you release will be confidential between the sending school and Undercroft Montessori School.

Please print name of parent or guardian: _____

Signature of parent or guardian: _____ DATE: _____

The child listed above has applied to Undercroft Montessori School. Please send the student's:

- ☐ Official Administrative Records: name, address, date of birth
- ☐ Attendance and Behavioral Reports
- ☐ Current and Prior Progress Reports and/or grades
- ☐ Standardized Test Records and Scores
- ☐ Health and Immunization Records
- ☐ Psychological/ Educational Evaluations
- ☐ Social/Emotional Testing Evaluations

Mail these records to:

Undercroft Montessori School
Attention: Nancy Davis, *Head of School*
3745 S. Hudson Avenue
Tulsa, OK 74135-5604

Phone: (918) 622-2890
Fax: (918) 622-3203
administration@undercroft.org