# MONTESSORI SHIR-HASHIRIM

## Berendo and Carlton Way Campus

# Consent for Release of Confidential Information

I hereby authorize the staff of the Montessori Shir-Hashirim to release confidential information to:

Name of Person or Institution: _____

Telephone Number: (  ) _____ - _____

Fax Number: (  ) _____ - _____

Address: _____
City: _____
Zip: _____

Student Name: _____
Last Middle First

Date: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____