



**SHIR HASHIRIM**  
MONTESSORI SCHOOL

.....

CONSENT AND RELEASE

.....

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

\_\_\_\_\_  
*Print name of parent or guardian*

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Date*