

## Progress Report/Transcript Release Authorization Form

The following student has applied for admission to the Andover School of Montessori:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

You are hereby authorized to send school progress reports, transcripts, test scores, health records and any other pertinent information regarding the above student to:

Admission Office  
Andover School of Montessori  
400 South Main Street  
Andover, MA 01810

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

\_\_\_\_\_  
Date