

## ***Request for Release of Transcripts***

**PARENT INSTRUCTION:** *Please complete this form and send it to your child's current school. All records must be sent to us directly from their school. Please allow your current school enough time to send the forms back to Voyager Montessori Elementary School by Monday, March 1, 2010.*

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

**Student's Name:** \_\_\_\_\_

**Student's Current School:** \_\_\_\_\_

Please forward copies of the following items listed below to Voyager Montessori Elementary School.

- All academic transcripts, records and pertinent evaluations
- Any disciplinary records
- All testing records
- All medical records

**Please submit the requested items by: Monday, March 1, 2010**

Forward all materials to:

Voyager Montessori Elementary School  
P.O. Box 11252  
Bainbridge Island, WA 98110

May Voyager contact student's current teacher? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian