

*Alsion Montessori Middle/High School  
PO Box 3296  
750 Witherly Lane  
Fremont, CA  
(510) 445-1127*

## **REQUEST FOR STUDENT GRADE AND TEST SCORE RECORDS**

### **To the Parent:**

Please complete this portion of the form, including the Parent authorization Release of Records, and **give this form to the student's current school secretary/registrar.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First MI

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First MI

Present School: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Parent Authorization for Release of Records**

The undersigned hereby consents to release to the Director of Admission at Alsion Montessori Middle/High School by any educational institution of all the educational records about the above named student.

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

\_\_\_\_\_  
Date

### **To the School:**

The student named above is an applicant for admissions to Alsion Montessori Middle/High School. Please send copies of this student's report cards for the **previous year** and the **first semester of the current year**. Please include all grades earned for the courses taken and include the **scores for aptitude and achievement tests for the past two years.**

**Please attach this form to the requested educational records  
and return them to us by March 1.**