



I/We, the legal guardian(s) of \_\_\_\_\_, do authorize  
(child's full name)

Montessori Children's House of Durham to release information for the student  
named above to:

Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

We understand this information will be sent directly by MCHD to the school, office,  
or institution named above.

Signed,

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Date