



Five Oaks Academy
A Montessori School

Records Release Authorization Form

I hereby authorize _____
to release copies of records listed below to Five Oaks Academy, Inc.:

- Transcripts/Grade Reports
- Standardized Test Results
- Immunization Records
- Discipline/Behavior Records
- Psychological Test Results, Reports, or IEP
- Attendance Record

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date _____

Mail or Fax to:

Student Records
Five Oaks Academy, Inc.
1101 Jonesville Road
Simpsonville, South Carolina, 29681
Fax: (864) 228-9888