

Student Records Request



Student's Name: _____ **Academic Year:** _____

Student's Birthdate: _____

Please send records to: recordsrequest@sterlingmontessori.org
Sterling Montessori Academy and Charter School
202 Treybrooke Drive
Morrisville, NC 27560

Requested From: _____
(School Name)

Address: _____
(street, city, state, zip)

Parent/Legal Guardian's Signature: _____

Date: _____

Family Educational Rights and Privacy Act, June 17, 1976: No Parent Signature required for Educational Records sent to another Educational Agency