

Release of Records

Date _____

Dear Registrar at _____
School _____

Address City Zip

Telephone # Fax #

We need to obtain the records for _____
A student who attends / attended your school and who may transfer / has transferred
to Summerfield Waldorf School and Farm. Please include the following checked
materials:

- Grades and/or Reports
- Credits and Testing
- Counseling Evaluations
- Health Records
- Please send Cumulative File

Thank you,

Cathy Torres
Registrar

Parent consent for Records Release:

Parent Signature

For office use only:

Date sent _____ Date rec. _____ Mail _____ Fax _____