

Release of Records Request: for Admissions

Date: _____

Previous School: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Fax: _____

Student's Name: _____

By clicking this box I consent to the release of my student's records.

Parent's Printed Name

Dear Registrar,

The above student who attended your school has applied or transferred to Summerfield Waldorf School and Farm. We are requesting the following:

- Grades and/or Reports (last two years)
- Credits and Testing
- IEP/ILP Documents
- Counseling Evaluations

Please mail, email or fax the above referenced materials to:

Summerfield Waldorf School and Farm

Attn: Admissions

655 Willowside Road

Santa Rosa, CA 95401;

Fax: 707-575-3217; Email: registrar@summerfieldwaldorf.org

Thank you,



Tracy Saucier, Admissions Director
(707) 575-7194, ext. 102

For Summerfield Office use only:

Date sent _____ fax / email Date rec. _____ mail / email