

Release of Records Request: Cum File Request

Date: _____

Previous School: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Fax: _____

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Student's Name: _____

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

Parent's Printed Name

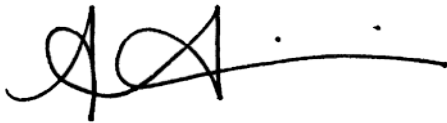
Dear Registrar,

The above student who attended your school has enrolled at Summerfield Waldorf School and Farm.

Please send this student's Cumulative File as soon as you are able to:

Summerfield Waldorf School and Farm
Attn: Registrar
655 Willowside Road
Santa Rosa, CA 95401

Thank you,



registrar@summerfieldwaldorf.org
Andrea Trinei, Registrar
(707) 575-7194, ext. 124

For Summerfield Office use only:

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