



grade school campus
2938 Washington Street, San Francisco, CA 94115
tel 415.931.2750
fax 415.931.0590
email: info@sfwaldorf.org

Student Records Release Authorization Grades 2-8

Parent: Please fill in and sign this form and give to your child's current School office.

Student's Name _____

Birthdate _____ Current Grade _____

Present School _____

Present School Address _____

I hereby give my permission to release the cumulative records of my child, including health, academic and standardized test records to the Admissions Office of the San Francisco Waldorf School at 2938 Washington Street, San Francisco, California 94115. I understand that this information is to be used for the sole purpose of planning for the education of my child.

SIGNED: _____ DATE: _____
Parent or Guardian

GRADES K-8

To Applicant's Current School: PLEASE HAVE THIS SECTION COMPLETED BY THE PRINCIPAL OR BUSINESS MANAGER.

Has this family met its financial obligation to your school? Yes No

Signature Date Title

Please send a copy of this form with the transcripts. If you have any questions, please call the SFWS Admissions Office at 415-931-2750.

Thank you for your prompt reply.