



Records Release Form

Date: _____

To: _____
Name of School and School Official

School address and/or fax number: _____

To Whom It May Concern:

The following student(s) are now applying to the Waldorf School of Saratoga Springs:

_____ Grade _____
_____ Grade _____
_____ Grade _____

Please send a copy of all academic records, test results and evaluations, and health and immunization records for the above student(s) to:

The Waldorf School of Saratoga Springs
Attn: Enrollment Director
122 Regent Street
Saratoga Springs, NY 12866 USA

Fax: 518-581-1682 Phone: 518-587-2224

Parent Authorization for Release of Records

I hereby authorize the release of an official transcript including all academic records, test results and evaluations, and health and immunization records regarding my child(ren) listed above to the Waldorf School of Saratoga Springs.

It is understood that such release shall include that information which is necessary and pertinent, and that all such information shall be treated in a professional and confidential manner.

Signature of Parent or Guardian: _____

Relationship: _____

Date: _____