

Release of Records Request: for Admissions

Date: _____

Previous School: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Fax: _____

Student's Name: _____

I consent to the release of my student's records:

Parent's Printed Name

Parent's Signature

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: Registrar

655 Willowside Road

Santa Rosa, CA 95401;

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

Thank you,



Andrea Trinei, Registrar

(707) 575-7194, ext. 124

For Summerfield Office use only:

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

Release of Records Request: Cum File Request

Date: _____

Previous School: _____

Mailing Address: _____
Street City State Zip

Phone: _____ Fax: _____

Student's Name: _____

I consent to the release of my student's records:

Parent's Printed Name

Parent's Signature

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,



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

For Summerfield Office use only:

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