

## 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