

## Transcript Release

I hereby authorize the Waldorf School of Baltimore, Inc. to obtain a transcript, health records and other relevant material (grade progress records, test results) about the applicant's academic and social/emotional development from the school he/she currently attends. I understand this information will be considered confidential and will be used by proper authorities of The Waldorf School of Baltimore.

Applicant's Name \_\_\_\_\_ For Grade \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Teacher \_\_\_\_\_ Principal \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:**

Parents must complete this form and forward it along with the Common Referral Form and Waldorf School of Baltimore return envelope to the student's present school.