



Records Release Request

To Applicant's Parent or Guardian:

Please forward this completed form directly to your child's current school.

Name of Applicant: _____

Date of Birth _____ Applying: Fall/Spring 20__ for Grade ____ at WSP

Current School: _____

I hereby authorize the release of my child's school and health records to:

The Waldorf School of Princeton, 1062 Cherry Hill Road, Princeton, NJ 08540

Parent Signature	Print Name	Date
------------------	------------	------

To the School:

The student whose name appears on this form has applied for admission to the Waldorf School of Princeton. We would appreciate your sending us this student's most recent school record, including grades and/or written evaluations for the past two years, standardized test results, and any other information that you feel would be helpful in evaluating this applicant. Parental consent for the release of this information has been given above.