

**Please Note:**

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

## 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 \_\_\_\_\_ Grade \_\_\_\_\_

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

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

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

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

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