



## 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.