

REQUEST FOR STUDENT RECORDS

Parent or guardian: Please address, fill out information on student,
sign, date and mail to previous school attended.

NAME OF SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I hereby authorize the release of the cumulative records of my child:

	/ /
Full Name of Child	Date of Birth

Date: _____

Please print name of parent or guardian: _____

Signature of parent or guardian: _____

School requested to send the following:

- Cumulative File
- Health Records
- Testing Scores
- Official Transcript

Mail these records to:

Laurel Springs School
Attention: Registrar
P.O. Box 1440
Ojai, CA 93024

Phone: (800) 377-5890
Fax: (805) 646-0186