

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.