

City of Lakes Waldorf School

RECORDS RELEASE REQUEST

Please Return with Application

I hereby authorize the release of complete school records, to include the following: grades and academic records, attendance records, achievement test scores and/or all standardized intelligence and aptitude test scores, special education records (if applicable), birth date, parents' or guardians' names, permanent address and the cumulative health record for:

_____ Student Birthdate _____

From: _____
School

Address of Previous School: _____

Phone and Fax numbers: _____

Parent/Guardian Signature: _____

Date: _____

Please send records to:
City of Lakes Waldorf School, attn: Enrollment
2344 Nicollet Ave. S., Minneapolis, MN 55404
612-767-1550 (general number)
612-767-1551 (fax)
612-767-1502 (enrollment)
enrollment@clws.org