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***Transcript Release Form***

***INSTRUCTIONS:***

Dear Parent/Guardian:

Your signature on this form allows The Presentation School to request and receive copies of transcripts, standardized test results, recommendations, psycho-educational documents, and any other data related to performance from your child’s school.

As part of the admissions process, we must receive your child’s academic and behavioral records. This information

is in addition to any recommendation forms requested from your child’s teachers.

Please complete the requested information, sign, and return this form with the completed application package to the

Admissions Office at The Presentation School, 20872 Broadway, Sonoma, CA 95476.

Failure to return this completed form with the application will delay your student’s application.

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of current school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For the above named student, I hereby request and authorize the release of academic records, test scores, recommendations, and any records of disciplinary incidents or actions to The Presentation School for the purpose of evaluating my child’s application for admission. This information may be released from this date forward until the completion of the admissions process. I acknowledge that I waive my rights to read Confidential Recommendation Forms also submitted to the school. I understand that the evaluations will be used as a part of the admission process, and will not become part of the student’s permanent record.*

**Signature of Parent/Guardian Date**

***INSTRUCTIONS FOR THE REGISTRAR:***

At your earliest convenience, please send copies of the above student’s most recent transcripts and any pertinent information relating to standardized testing or behavior.

**Please forward records to:**

Admissions Office

The Presentation School, 20872 Broadway, Sonoma, CA 95476, Fax: 707-996-2598