



## Transcript Release Form

Student: \_\_\_\_\_

Present School: \_\_\_\_\_ Grade: \_\_\_\_\_

SCHOOL REGISTRAR: Please send all records, including transcripts, health and immunization records, achievement / aptitude test results, IEPs and teacher recommendations to Richmond Waldorf School, to which the student has applied for admission.

Richmond Waldorf School  
1000 Westover Hills Blvd.  
Richmond, VA 23225  
(804)377-8024  
(804)377-8027 FAX

Parent's/Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT / GUARDIAN:** Please deliver or mail this form to the Registrar's Office at the student's present school. **Transcripts may be mailed or faxed**