



*Transcript Release Form*

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

Current 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  
1301 Robin Hood Road  
Richmond, VA 23227  
(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