



**REQUEST FOR RELEASE OF STUDENT RECORDS**

PARENTS: Please complete this form and give it to the front office at your child's current school.  
School records need to arrive at Walden by January 24, 2020.

\_\_\_\_\_, who currently attends or recently attended your school, has applied to Walden School. Walden's Admissions Office request copies of a complete transcript of records, including health information, test data, grades, and any other information which might be helpful with class placement at our school.

I authorize \_\_\_\_\_  
Name of School

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Telephone: \_\_\_\_\_

to send complete information relative to my child to Walden School.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

TO THE SCHOOL: Please return this form with a copy of student records to:

Director of Admissions  
Walden School  
74 South San Gabriel Boulevard  
Pasadena, CA 91107

Please contact the Admissions Office with any questions at 626.792.6166 Ext. 105