



The Waldorf School of St. Louis

RECORDS RELEASE

I hereby authorize:

Name of School / Service Provider

Name of Current Admissions Director

Email of Current Admissions Director

Phone Number

to release to and discuss with The Waldorf School of St. Louis representatives progress reports and student records to date, all specialized testing, assessments, health records, and other information relating to the student(s) below.

Student's Full Name	Date of Birth	Grade
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Student's Full Name	Date of Birth	Grade
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Student's Full Name	Date of Birth	Grade
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Signature of Parent/Guardian

Date

Student records may be emailed to admissions@waldorfstl.org.