



TRANSCRIPT RELEASE REQUEST
[APPLYING TO GRADES 1 – 8]

TO THE PARENT:

Please complete and forward this request form to the student's current school.

TO THE SCHOOL:

The student listed below is applying to Park Day School for the 2019-2020 school year. Please send a copy of the last two years of grades, including spring semester 2019 when available. A complete transcript and medical information are not needed at this time. Thank you for your assistance.

Student's name _____

Current grade _____ Date of birth _____

I authorize (current school) _____ to release the school records described above pertaining to the above-named student. Please send the paperwork to:

admissions@parkdayschool.org

-or-

Park Day School
Admissions Office
360 42nd Street
Oakland CA 94609

Thank you.

Signature of parent/guardian

Date:
