

# REQUEST FOR STUDENT RECORDS

Date Requested (MMDDYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby authorize the release of my child's records to Laurel Springs School.**

Full Name of Child \_\_\_\_\_

Date of Birth (MMDDYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I am requesting that you forward the following records via email if possible:

- Official Transcript
- School Profile and/or Grading Scale
- Disciplinary record, historical grades, and any relevant educational testing.
- Grades for in progress courses or at the time of withdrawal

**Please email the requested documents to the following address at your earliest convenience.**

records@laurelsprings.com

**If you are unable to email requested documents, please mail to the address below.**

Laurel Springs School

302 W. El Paseo Rd.

Ojai, CA 93023

Attention: Registrar

(800) 377-5890 extension 6060

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_