

# REQUEST FOR STUDENT RECORDS

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

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

Address \_\_\_\_\_

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

**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:**

- Official Transcript
- School Profile and/or Grading Scale
- Please do NOT send cumulative file
- Grades at time of withdrawal

**Please mail or email the requested documents to:**

Laurel Springs School  
302 W. El Paseo Rd.  
Ojai, CA 93023  
Attention: Registrar  
[records@laurelsprings.com](mailto:records@laurelsprings.com)  
(800) 377-5890 extension 6060

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

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

Date \_\_\_\_\_