



RECORDS RELEASE FORM – FOR GRADES 1-8

TO THE PARENT/GUARDIAN: The Alta Vista School will need the following information from your child’s present school as part of the application process. Please indicate that is granted and send or deliver this form to your current school.

I hereby authorize (Indicate name of present school) _____

to release all academic records for _____ to the Alta Vista School.
(Name of Student)

Parent/Guardian Signature: _____ Date: _____

TO THE SCHOOL: Please provide the following information to assist our Admissions Committee.

Student’s Full Name: _____ Present Grade: _____

Dates of Attendance, from: _____ to _____

School Name: _____

School Address: _____

Phone Number: _____ Fax Number: _____

Name and Title of Person Completing this form: _____

Please email or fax this form with student records to:

The Alta Vista School
450 Somerset Street
San Francisco, CA 94134
Attention: Gessi Wiese
gessi@altavistaschoolsf.org

Tel: (415) 467-3700 Fax: (415) 520-5242

We appreciate your help. Thank you.