



RECORDS RELEASE FORM
1ST – 8TH GRADE APPLICANTS
FOR APPLICATION TO THE 2010-11 ACADEMIC YEAR

Student Name _____ 2009-10 Grade _____
Birth Date _____

TO THE PARENT: Please complete this form and give to your child's current school.

I hereby authorize

School Name _____

to send **Saklan Valley School** copies of academic records for the past two years, including all standardized testing and grades for the current year for the student listed above. I understand that this information is confidential and will not be released without my permission.

Parent/Guardian _____
Date _____

SENDING SCHOOL:

Records must be received by February 19, 2010. Please send a copy of the records to:

Saklan Valley School
Admissions Office
1678 School Street
Moraga, CA 94556

Thank you for your assistance.

Should you have any questions, please contact the Saklan Admissions Office.
Director of Admissions, Debbie Parish
Phone: 925-376-7900 x16
Email: dparish@saklan.org