

Release of Student Records for Admission to Palma School

Please expedite to allow your son's school ample time to respond to this request.

Parent/Guardian:				
	1. Complete, sign and date this form b	elow.		
	2. Give this form to your son's current s	school registrar/main office.		
Name of Applicant			Current Grade Level	5 6 7 8 9 10 11
I/We hereby authorize my/our son's school to release information to Palma to support his application for enrollment, and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Palma School for this purpose.				
	e the application, I/we authorize the releatance has been offered, I/we authorize r			equested by Palma
Date				
Parent(s)/Guardian((s) name(s) please print			
Signatura(s) of Pare	ent(s)/Guardian(s)			
olgriaturo(s) or r arc				
Telephone Number		Email		

SCHOOL REGISTRAR

Please mail the following four (4) items to the address provided below. We recommend you photocopy these forms for your records.

- 1. This original form
- 2. A copy of this applicant's grades for the previous two (2) school years
- 3. A copy of this applicant's grades for the current school year
- 4. A copy of this applicant's most recent standardized test scores

Please mail to:

Director of Admissions

Palma School 919 Iverson Street Salinas, CA 93901

(831) 422-5065 or fax to: