

## 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 th	is form below.			
	2. Give this form to your son's	current school registrar/ma	in office.		
Name of Applican	nt			Current Grade Level	6 7 8 9 10 11
confidential recom	orize my/our son's school to rele nmendation and evaluation mate ng from or pertaining to the furn	erials before or after the adn	mission is made. I/We relea	se every person and instit	tution from any and
	ete the application, I/we authori eptance has been offered, I/we				equested by Palma
Date		-			
Parent(s)/Guardia	n(s) name(s) please print				
Signature(s) of Pa	rent(s)/Guardian(s)				
Telephone Numbe	er	Email			
r					

## **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: