



TRANSCRIPT REQUEST FORM

Student: _____ Date of Birth: _____

To the Parent or Guardian:

Please sign this permission form and give it to your child's current school.

I give permission for _____ to release my child's records to Warren-Walker School.

Signature of Parent of Guardian: _____ Date: _____

To the Registrar:

This student has applied to Warren-Walker School.

Has the student ever been suspended from this school or ever been the subject of any serious discipline action? Yes / No If Yes, please explain: _____

In order to determine if this student qualifies for acceptance, we need information from your school. Please send the following:

- Grades from the past two years
- Standardized test scores (if available)
- Immunization records

TO: Admission Office
Warren-Walker School
4605 Point Loma Ave.
San Diego, CA 92107

Person completing transcript request:

Name: _____ Date: _____

Position: _____

Please return to Warren-Walker School