



Transcript Release Request

Student's Name

Student's Date of Birth

Parents, please sign and return this form to the Seven Hills School

Name of Last School Attended

Street Address

City State Zip

_____ will be attending The Seven Hills School as of _____.
Student's Name

Please send all transcripts, test results and health records (including those for the current year-to-date) to:

The Seven Hills School
Attention: Virginia Arias
975 North San Carlos Drive
Walnut Creek, CA 94598

I hereby authorize the release for the above mentioned information to The Seven Hills School:

Signature of Parent or Guardian

Date

For Seven Hills Use Only

Date Form Received From Parents _____

By _____

Date Form Sent to School Last Attended _____

By _____

Date Cumulative File Received _____

By _____