



## TRANSCRIPT RELEASE REQUEST

**TO THE PARENT:** Please **complete** and **forward** this release form to your **student's current school**.

**STUDENT:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_

**CURRENT SCHOOL:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

I/We authorize the release of my child's **final transcript and cumulative records**, including **immunization and health records** to Aurora School.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**TO THE SCHOOL:** The above student has enrolled at Aurora School. Please send copies of the student's records to.

**Aurora School**  
40 Dulwich Road  
Oakland, CA 94618

Thank you for your assistance in this matter.