

**Santa Fe School for the Arts & Sciences
Elementary School**

Request for Records

I, _____, authorize the release of information and records
parent/guardian name

for _____ from the following school _____
student's name name of recently attended school

to the Santa Fe School for the Arts & Sciences.

Parent/Guardian name _____

Parent/Guardian signature _____

Date _____

Parents: Please send this form to your child's most recent school.

The above student has applied for admission for Santa Fe School for the Arts & Sciences.

Please send:

a complete transcript including the current year to date
test scores or progress reports
vaccination and health records

to: Santa Fe School for the Arts & Sciences Admissions
5912 Jaguar Drive
Santa Fe, NM 87507
505-438-8585

Thank you for your prompt attention to this request.

In accordance with the Family Education Rights and Privacy Act of 1974, this form will authorize the school named above to release all records, including transcripts, immunization history, psychological, social, educational or developmental information regarding the above named student.