

PORTLAND WALDORF  
SCHOOL



***Consent for Release of Records***

**CURRENT/PREVIOUS SCHOOL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**DEAR REGISTRAR/SCHOOL OFFICIAL:**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

- is applying** for admission to Portland Waldorf School.  
Please forward copies of the last 2 years of grades/narrative report cards currently in his/her file.
  
- has enrolled** at Portland Waldorf School.  
Please forward the student's cumulative records (i.e. withdrawal grades, transcript, IEP, immunization records, medical, behavioral and confidential folders).

**WITH PARENTAL PERMISSION FROM:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please forward student records to:  
Portland Waldorf School, Attn: Admissions, 2300 SE Harrison St., Milwaukie, Oregon 97222; fax to 503-652-5162; or email to [grace.evans@portlandwaldorf.org](mailto:grace.evans@portlandwaldorf.org).

Per ORS 339.260(5), "A school may not refuse to forward the student's education records, because the student owes a fee or fine."