

The Waldorf School of Philadelphia
Eagles II, Suite 100
7500 Germantown Avenue
Philadelphia, PA 19119
Phone 215-248-1662 Fax 215-248-6167

REQUEST FOR RECORDS

Please give this request to the Registrar of your present school.

Applicant's Name _____

To the Registrar: This student is applying to The Waldorf School of Philadelphia. Please send us a transcript of record of the past three years, including any standardized test scores that are available.

I hereby give my permission to _____ School to release the records of
_____ to The Waldorf School of Philadelphia.

Signature of Parent/Guardian

Please send records to:

**Admissions Office
The Waldorf School of Philadelphia
Eagles II, Suite 100
7500 Germantown Avenue
Philadelphia, PA 19119**