

TRANSCRIPT RELEASE AND CONFIDENTIALITY FORM



MIDLAND SCHOOL

LIVE YOUR EDUCATION

Midland School
PO Box 8
Los Olivos, California 93441
Phone: 805.688.5114
Fax: 805.686.2470
www.midland-school.org

To the Applicant:

Please complete the following information. Your parent or guardian must sign in the box below to authorize the release of your school records and transcripts to Midland School. Please give this form to your current school's office with a stamped envelope addressed to Midland School Admissions.

Student Name _____ Current Grade _____

Your Current School _____

**For the student named above, I authorize the release of all school records, including an official transcript for grades 7-11, as applicable, as well as results of any academic testing.
I acknowledge that I waive my rights to read the confidential Teacher Recommendation and School Recommendation.**

Signature of Parent / Guardian

Date

To the School:

Please send the above student's official transcript for grades 7-11 as applicable. This should include all grades earned for courses taken to date, the scores for all aptitude and achievement tests, and first semester grades for the current school year as soon as they become available. Please include this confidentiality form with the transcript.

Please return this completed form and all materials to:

Midland School, Admissions Office, P.O. Box 8, Los Olivos, CA 93441.

**Should you have any questions, please contact the Admissions Office at (805) 688-5114 x114
or admissions@midland-school.org.**