



SYCAMORE COMMUNITY SCHOOL

Rooted in Academic Excellence and Personal Growth

Release of Records Form

Permission is hereby granted to _____
(previous school name)

Address _____

Student Name _____ Grade _____

Please release the following information:

- Grades
- Health Records
- Result of Achievement and Intelligence Tests
- Personality rating or other similar data
- Grades in progress at time of leaving
- Any other material pertinent to the growth of student
- Any psychological testing or child study information, including the most recent
 - Education evaluation
 - Psychological assessment
 - Social worker history

Authorization to release pupil's records:

.....
I _____ give permission to _____
(Printed name) (Previous School Name)

to release the above named information of _____ (_____)
(Student Name) (Birthdate)

to The Sycamore Community School.

Signature of Parent or Guardian _____ Date _____

*All records may be emailed to admissions@sycamorecs.org
or mailed to 10573 West Pico Blvd, Suite 174, Los Angeles, CA 90064