



School Records Release Form

Please Note:

It is the responsibility of the parent or guardian to forward this signed form to applicant's current or former school.

Applicant's Name _____

Date of Birth _____ **Current Grade** _____

I hereby authorize the release and/or exchange of records regarding the above-named student between Los Encinos School and:

Current School or Former School _____

Address _____ **State** _____ **Zip** _____

Please send to:
Los Encinos School
17100 Ventura Boulevard
Encino, CA 91316

Signature of Parent or Guardian

Date

Address