

Santa Fe School for the Arts and Sciences  
Middle School

Request for Records

I, \_\_\_\_\_, authorize the release of information and records  
parent/guardian name

for \_\_\_\_\_ from the following school \_\_\_\_\_  
student's name name of recently attended school

to the Santa Fe School for the Arts and Sciences.

Parent/Guardian name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**Parents: Please send this form to your child's most recent school.**

The above student has applied for admission for Santa Fe School for the Arts and Sciences.

Please send:

a complete transcript including the current year to date  
test scores or progress reports  
vaccination and health records

to: Santa Fe School for the Arts and Sciences  
Admissions  
5912 Jaguar Drive  
Santa Fe, NM 87507  
505-438-8585

Thank you for your prompt attention to this request.

In accordance with the Family Education Rights and Privacy Act of 1974, this form will authorize the school named above to release all records, including transcripts, immunization history, psychological, social, educational or developmental information regarding the above named student.