



www.mdasf.org

Mission Dolores Academy

3371 16th Street
San Francisco, CA 94114

tel: 415.346.9500 fax: 415.346.8001

TRANSCRIPT RELEASE AND CONFIDENTIALITY FORM

Student Name: _____ **Current Grade:** _____

For the student named above, I authorize the release of school records, including official transcripts of all grades, academic testing and discipline referrals. I acknowledge that I waive my right to read confidential teacher recommendations and the school report.

Signature of Parent or Guardian

Date

Printed Name

To the Applicant's Current School:

Please send the student's official transcript. This should include all grades earned, attendance records, and scores for aptitude and achievement tests.

Please be sure the parent has signed above. We sincerely appreciate your cooperation.

Please send the transcript with a copy of this signed form to:

Mission Dolores Academy
Attn: Admissions
3371 16th Street
San Francisco, CA 94114