



MISSION DOLORES ACADEMY

Supported in part by the Megan Furth Memorial Fund

Student Record Release Form

Student's Last Name: _____ **First:** _____

For the student named above, I authorize the release of school records, including attendance records, report cards for all grades, academic testing, speech and language testing, Individual Educational Plans (IEP) and discipline referrals. I acknowledge that I waive my right to read confidential teacher recommendations and the school report.

Parent/Legal Guardian Signature: _____ **Date:** _____

Printed name of Parent/Legal Guardian:

To the Applicant's School:

Please send a copy of the student's school records with a copy of this signed form. This should include attendance records, report cards for all grades, academic/standard testing scores, speech and language testing/evaluations, Individual Educational Plans (IEP) and discipline referrals.

Please email records to:

Admissions@mdasf.org

Or Mail to:

Mission Dolores Academy

Attn: Admissions

3371 16th St.

San Francisco, CA 94114



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If you have any questions, please contact the admissions department by phone at 415-346-9500 or by email at admissions@mdasf.org

We sincerely appreciate your cooperation!