

REQUEST FOR STUDENT RECORDS

Date Requested (MMDDYY) _____ / _____ / _____

Name of School _____

Home Address _____

City _____ State _____ Zip _____

The following student has enrolled in Laurel Springs School.

Full Name of Child _____

Date of Birth (MMDDYY) _____ / _____ / _____

We are requesting that you forward the academic records for this student. Please include the following:

- Official Transcript
- School Profile and/or Grading Scale
- Please do NOT send cumulative file
- Grades at time of withdrawal

Please mail or email the requested documents to:

Laurel Springs School
302 W. El Paseo Rd.
Ojai, CA 93023
Attention: Registrar
or
records@laurelsprings.com

Thank you for your assistance,
Registrar
records@laurelsprings.com
(800) 377-5890 extension 6060

