

Request for Academic Records

 Copies of this form may be downloaded online at www.mayfieldsenior.org

Please complete and deliver this request to applicant's *current* school.

I hereby authorize _____

Name of school in which student is presently enrolled

to release all academic transcripts including test data and any disciplinary records for:

Name of student

Please send records to:

Mayfield Senior School
Office of Admissions
500 Bellefontaine Street
Pasadena, California 91105-2439
Phone (626) 799-9121
Fax (626) 799-8576

Parent or Guardian Signature _____ Date _____