



## INFORMATION RELEASE AND CONFIDENTIALITY FORM

[2nd – 8th Grade Applicants]

**To the Parents/Guardians:** Please complete and submit this form to your child's school.

I hereby authorize the release of school records, including an official transcript of all grades and evaluation reports for the past two years, to Synergy School. I acknowledge that I waive my right to read the confidential teacher recommendation and school report.

Current School \_\_\_\_\_

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

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City State Zip Code

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Parent/Guardian Name Signature Date

**Instructions for School:** Please submit the following documents by January 31.

1. Completed Common Confidential Student Evaluation Form
2. Transcripts for the last two years
3. Any other relevant assessment report
4. A copy of this form

SYNERGY SCHOOL  
1387 Valencia Street  
San Francisco, CA 94110

Fax 415 567-0607  
Phone 415 567-6177  
Email: [admissions@synergyschool.org](mailto:admissions@synergyschool.org)

Attention: Admissions Office