

# Information Release and Confidentiality Form (2<sup>nd</sup> – 8<sup>th</sup> Grade Applicants)

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**To the Parent/Guardian:** 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 or evaluation reports for the past two years, to Synergy School. I acknowledge that evaluations, recommendations and school reports sent to Synergy are not available to me, and I waive access to review any application materials.

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

Fax Number \_\_\_\_\_

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

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

\_\_\_\_\_  
*City* *State* *Zip Code*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

**Instructions to applicant's current school:** Please submit student information by January 31, 2017 to:

Synergy School  
1387 Valencia Street  
San Francisco, California, 94110

Contact Information:  
Phone 415-567-6177  
Fax 415-567-0607

**Required documents:**

- Completed Student Evaluation Form
- Transcripts for the last two years
- Any other relevant assessment reports

Thank you for your assistance. Should you have any questions, please contact Admissions Director Rita Franklin at [admissions@synergyschool.org](mailto:admissions@synergyschool.org).