

# STEVENSON

## Authorization for Transfer of Student Records

To Parent or Guardian:

**Please complete this form and forward to the registrar of the school your child attended in 2018-2019.**

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of the above named student, hereby authorize the transfer of any and all records to Stevenson School.

Signed: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date Signed: \_\_\_\_\_

To the Registrar, Counselor, or Records Clerk:

**The above named student has accepted a place at Stevenson School and will begin classes in August, 2019. Please forward the student's completed file if or when it contains the FINAL TRANSCRIPT for the current academic school year. If we do not receive the transcript before the first day of school the student will not be able to begin classes on time. Thank you.**

The Registrar  
Stevenson School  
3152 Forest Lake Road  
Pebble Beach, CA 93953