

Transcript Release Form

The Meher Schools Authorization for Release of Student Information

I hereby authorize the release of the cumulative records for (*please print*)

from: The Meher Schools
999 Leland Drive
Lafayette, CA 94549

Please send them to:

School name

Address

City, State, Zip

Signature

Print name

Date

Grade entering

For school use: *Date sent* _____

Please complete and return to The Meher Schools Office.
Files will be released once the student is no longer enrolled.