

## REQUEST FOR TRANSCRIPTS

I/We, the parents/guardian of \_\_\_\_\_, hereby request that \_\_\_\_\_ release any school records and/or results of all academic testing for my child to the school named below.

Please send the school records to:

**Office of Admissions  
International School of the Peninsula  
151 Laura Lane  
Palo Alto, CA 94303**

Parent A Name: \_\_\_\_\_

Parent A Signature: \_\_\_\_\_

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

Parent B Name: \_\_\_\_\_

Parent B Signature: \_\_\_\_\_

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