



SHALOM SCHOOL . בית ספר שלום

2320 SIERRA BOULEVARD • SACRAMENTO, CA 95825
916-485-4151 • FAX: 916-485-3970
shalomdove@shalomschool.org • www.shalomschool.org

REQUEST FOR GRADES AND TEST SCORES

Date of Request: _____

Please send a copy of grades for work completed and competency test results for:

Student Name: _____

Birthdate: _____

Who attended:

School Name and Address: _____

From: _____ to _____
(Date) (Date)

Please return to:

Admissions Coordinator
Shalom School
2320 Sierra Boulevard
Sacramento, CA 95825

Permission to Release Transcript of Grades and Test Scores

(Parent/Guardian: Please sign this form prior to submitting to your child's current and previous schools)

I give permission for (School) _____
to release a copy of grades and standardized test results for:

Student Name _____ to Shalom School

Parent/Guardian Signature _____ Date _____