

Request for Student Records
Grades 1 through 7

Please complete and deliver this request to your child's current school administrator, who will then forward it to The Gooden School.

Request for records of _____
student's name

Date of birth _____ Current grade _____

Current school _____

Parent Authorization: You are hereby authorized to release all information from my child's file, which is requested by The Gooden School.

Signature of parent _____ Date _____

To the current school:

Please send the academic records, health and medical information, and any standardized test scores for the above student to:

The Gooden School
Admissions Office
192 North Baldwin Avenue
Sierra Madre, CA 91024

If you have any questions please call the school office 626.355.2410