



TRANSCRIPT REQUEST FORM

Parents: Please complete, sign and submit this form to your son's current school.

Student's Name _____

First

Middle Initial

Last

Current School _____

Grade Applying To _____

I request and authorize the release of school records, including a complete transcript (current and previous year's grades) and results of any standardized tests, to Landon School. I understand that the records are confidential.

Date

Signature of Parent/Guardian

To the School Head or Registrar:

The student named above has made application for admission to Landon School. To help us evaluate this student, would you please forward the above requested transcript (current and previous year's grades) and standardized test results to us by **January 25**.

Thank you for your assistance.

**Admissions Office
Landon School
6101 Wilson Lane
Bethesda, MD 20817**