

Dwight School Transcript Release Form

Student Information

Student First Name	Student Last Name	Date of Birth
Student email address	Student phone number	Last year attended
I authorize (Institution Name) transcripts to Dwight School.	to send the previ	ous and current years'
Parent or Legal Guardian - Print Name		
Parent or Legal Guardian – Signature	Date	

To the Parent:

After you have completed the information above, please submit this transcript request form to your child's current and/or previous school.

To the Head of School or Registrar's Office:

The student named above has applied to Dwight School. Please email a copy of the student's official transcripts, which includes the final grades for all academic years and credits completed to the applicable address: preschooladmissions@dwight.edu, k8admissions@dwight.edu, OR upperschooladmissions@dwight.edu