Dwight School
Student Records Release Authorization

Student Information

Student First Name _____ Student Last Name _____ Date of Birth _____

Student e-mail address _____ Student phone number _____ Last year attended _____

I hereby authorize Dwight School to send my official transcript to:

Individual and/or Organization Name _____

Mail or e-mail address _____

Student Signature (if over 18 years of age) _____ Date _____

Parent or Legal Guardian - Print Name (if student is under 18 years of age) _____

Parent or Legal Guardian – Signature (if student is under 18 years of age) _____ Date _____

Please submit form to registrar@dwight.edu or Dwight School, Registrar's Office, 291 Central Park West, New York, NY 10024