



Dwight School Transcript Release Form

Student Information

Student First Name

Student Last Name

Date of Birth

Student e-mail address

Student phone number

Last year attended

I authorize (Institution Name) _____ to send the previous and current years' transcripts to Dwight School.

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 or mail a copy of the student's official transcripts, which includes the final grades for all academic years and credits completed to admissions@dwight.edu or Dwight School, Admissions Office, 291 Central Park West, New York, NY 10024. Thank you very much for your assistance.