

REQUEST FOR TRANSCRIPT RELEASE

Parents: Please complete and sign this form, then give it to your child's previous school.

Name: _____ Date of Birth: _____ Current Grade: _____

Attention: Records/Transcripts Office

The above-named child is enrolled at Dublin School. Please send an official final transcript to:

The Academic Dean
Dublin School
P. O. Box 522
18 Lehmann Way
Dublin, NH 03444-0522

I grant permission for an official final transcript to be sent to Dublin School.

Signature of Parent or Guardian

Date

Registrar: An official transcript bearing your school seal is required. **We request that you do not send any transcript below 8th grade.**