



6101 Wilson Lane
Bethesda, MD 20817
301-320-1044
landonsummer@landon.net

COURSE CREDIT RELEASE FORM 2021

This form must be completed and returned to the Landon Summer office **prior to the start of an academic course** if a student wishes to receive course credit. This form authorizes Landon Summer to send course transcripts to a student's school.

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|---|------------------------------------|
| Student Name: | |
| Course Name: | |
| Course Teacher: | |
| Dates: June 21–July 30 (Monday–Friday) | Times: 9:30 a.m.–12:30 p.m. |
| Total Course Hours: 87 | Total Course Days: 29 |

Authorization by school official:

| |
|---------------------|
| Name: |
| Title: |
| School Name: |
| Signature: |

Transcript should be sent to the following address:

| | | |
|------------------------|---------------|------------------|
| School Name: | | |
| Attention: | | |
| Street Address: | | |
| City: | State: | Zip Code: |