



DEXTER SOUTHFIELD

Transcript Permission Form

Please pass in completed transcript permission form to your college counselor by **Tuesday, January 18, 2022.**

Student Name: _____

Date of Birth: _____

I/We give Dexter Southfield School permission to send the academic records to the following:

Check all that apply:

Educational Institutions

Scholarship Programs

NCAA Clearinghouse

College Athletic Offices

Other _____

Student Signature

Parent Name (please Print)

Parent Signature

(If student is 18, no parent signature is needed)