

## 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 8<sup>th</sup> grade.**