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**HOLTON-ARMS SCHOOL**

**REQUEST FOR TRANSCRIPT**

**To the Parent:**

Please submit this form directly to the student's current school.

I/We \_\_\_\_\_ hereby authorize  
(Name of Parent/Guardian)  
\_\_\_\_\_ to release the records of  
(Current School)  
\_\_\_\_\_ to:  
(Name of Student)

The Admissions Office  
Holton-Arms School  
7303 River Road  
Bethesda, Maryland 20817-4697

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(Date)

(Signature of Parent/Guardian)

**To the School:**

Please send the Holton-Arms School a transcript package for the current year prior to January 10th. Electronic submission of the transcript is preferable. Please email [admissions@holton-arms.edu](mailto:admissions@holton-arms.edu)

This package should include:

- Current Academic year grades and comments (at least the first semester)
- Cumulative record, to include previous year's grades and comments
- Standardized test results