



6101 Wilson Lane
Bethesda, MD 20817
301-320-1044
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COURSE CREDIT RELEASE FORM 2025

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.

Student Name:	
Course Name:	
Course Teacher:	
Dates: June 23–August 1 (Monday–Friday)	
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 & email address.

School Name:		
Attention:		
Street Address:		
City:	State:	Zip Code:
Email Address:		