



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

(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 admit@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