

Transcript Release Form



Please return to WES.

Student _____ Date of Birth _____

To Parent or Guardian:

Please sign this permission form and give it to your child's current school.

I give permission for _____ to release my child's records to Washington Episcopal School.
Name of school

Signature of Parent or Guardian _____ Date _____

To the Registrar:

This student has applied to Washington Episcopal School.

In order to have a complete record of this student's education, we need a transcript from your school. Please send the transcript to:

Director of Admission
Washington Episcopal School
5600 Little Falls Parkway
Bethesda, MD 20816

Thank you.