

Transcript Release Form



WASHINGTON
EPISCOPAL SCHOOL

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 (Name of school) _____
to release my child's records to Washington Episcopal 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.