

TRANSCRIPT REQUEST

To: _____
School Guidance Office/Registrar

Address City State Zip

Phone Number Fax Number

From: _____
Parent

I hereby request that you provide Darrow School an official copy of transcripts
and other school records including medical forms for:

Student Date of Birth

Please forward transcripts to:

The Darrow School
Lorrie Wechter, Admissions Office Manager/Registrar
110 Darrow Road
New Lebanon, NY 12125