



## The Woods Academy

6801 Greentree Rd.  
Bethesda, Maryland 20817

### TRANSCRIPT RELEASE FORM

---

**Student's Name**

---

**Date of Birth**

#### To the Parent or Guardian:

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

I give permission for \_\_\_\_\_  
(name of school)

to release my child's records to The Woods Academy.

---

Signature of Parent or Guardian

---

Date

#### To the Registrar:

Please send this student's current transcript, as well as the semester transcript when available, to the Director of Admission at the above address. Thank you.