



## 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