

Student Name:

Course Name:

6101 Wilson Lane Bethesda, MD 20817 301-320-1044

landonsummer@landon.net

COURSE CREDIT RELEASE FORM 2022

This form must be completed and returned to the Landon Summer office **prior to the start of an academic course** if a student wishes to receive course credit. This form authorizes Landon Summer to send course transcripts to a student's school.

Course Teacher:		
Dates: June 21–July 30 (Monday–Friday)	Times: 9:30 a.m.–12:30 p.m.	
Total Course Hours: 87	Total Course Days: 29	
Authorization by school official:		
Name:		
Title:		
School Name:		
Signature:		
Transcript should be sent to the following	ng address:	
School Name:		

Attention:		
Street Address:		
City:	State:	Zip Code: