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Student E-Mail Address:				Graduation Year:			
College/University, Armed Forces, Scholarship, Employer, Trade/Technical School, NCAA, Internship Program, Other	City in which College/ Entity is Located	Application Deadline Date	Application Deadline Type* (EA, ED, Priority, Regular, Rolling, etc.)	What application are you completing? (e.g., Common App, Coalition, Common Black College App, QuestBridge, school's application)	Do you need a counselor rec letter? (Y or N)	For OFFICE USE Only Date Received Date Submitted	
Release of Student Records: The lancluding mid-year reports, letters below, I give approval to have transcrequest to do so is made by my studes and the state of Parent/Guardian:	y school-based staff, a ripts and other studen	and other stud	lent records can b	e released to a third pa	arty. By signin to those listed	g and dating	
Student Signature:							
Naiver of Right to Access School of confidential as they are more candichoose not to waive your right to access the confidence of the conf	d and honest. Therefo	ore, we ask tha	nt you waive your ri	ights to review your lett	ers of recom	mendation. If yoເ	
Teacher(s) writing your letters of re	commendation:						
By checking this box I waive m	v rights to examine all	l letters of rec	ommendations.				
By officerting this box I waive in	,						
By checking this box I do NOT	- <del>-</del>	amine any lette	ers of recommenda	ations.			
	waive my rights to exa				Date.	://	

Allow 20 school days to process all requests.