TRANSCRIPT REQUEST & RECORDS RELEASE FORM Student Name: _____ ______ Date of Birth: ____/____ Phone: _____ _____ Counselor:____ Student E-Mail Address: _____ Graduation Year: _____ College/University, Armed City in which Application Application What application Do you

Release of Student Records: The law requires that schools receive written permission signed by the parent/guardian before transcripts, sincluding mid-year reports, letters by school-based staff, and other student records can be released to a third party. By signing and dating below. I give approval to have transcripts and other student records sent by U.S. Meil or transmitted electronically to those listed above when a request to do so is made by my student. Signature of Parent/Guardian: Date:/ Waiver of Right to Access School Counselor/Teacher Letters of Recommendation: Colleges prefer letters of recommendation. If you choose not to waive your rights to review your letters of recommendation. If you choose not to waive your right access recommendations: By checking this box I waive my rights to examine all letters of recommendations. By checking this box I waive my rights to examine all letters of recommendations. Date:/ By checking this box I waive my rights to examine all letters of recommendations. Date:/ By checking this box I waive my rights to examine all letters of recommendations. Signature of Parent/Guardian: Date:/_ Date:/_ Date:/_ Date:/_ By checking this box I waive my rights to examine any letters of recommendations. Signature of Parent/Guardian: Date:/_ Da	Forces, Scholarship, Employer, Trade/Technical School, NCAA,	College/ Entity is Located	Deadline Date	Deadline Type* (EA, ED, Priority,	are you completing? (e.g., Common App,	need a	USE Only Date Received
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Waiver of Right to Access School Counselor/Teacher Letters of Recommendation: Colleges prefer letters of recommendation be confidential as they are more candid and honest. Therefore, we ask that you waive your rights to review your letters of recommendation. If you choose not to waive your right to access recommendations, this information will be included in all letters of recommendation. Teacher(s) writing your letters of recommendation: By checking this box I waive my rights to examine all letters of recommendations. By checking this box I do NOT waive my rights to examine any letters of recommendations. Signature of Parent/Guardian: Date:// Date:// Date://	including mid-year reports, letters below, I give approval to have transcrequest to do so is made by my stud	y school-based staff, a ripts and other studen dent.	and other stud t records sent	lent records can b by U.S. Mail or tra	e released to a third pa nsmitted electronically t	arty. By signin to those listed	g and dating I above when a
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Date:/ Student Signature: Date:/	By checking this box I waive m						
Student Signature:	By checking this box I do NOT	waive my rights to exa	amine any lette	ers of recommenda	ations.		
Allow 20 school days to process all requests.	Student Signature:					Date:	/

For OFFICE