



Central Bucks High School East

2020-2021

Release of Records Student/Parent Authorization

Student Name: _____ Counselor: _____

Student email: _____

Major _____
(If unsure, list multiple majors you are considering)

By signing below, I give my consent to the following:

I give permission to release the following to all colleges, NCAA, Scholarships, and Enrichment programs, as needed:

- Official Transcripts
- Secondary School Report
- Recommendations
- Mid-year and final grades
- School Profile

I am aware that all requests require a minimum of 15 school days to process.

I am aware that if I ask for a letter of recommendation, I need to fill out the **Counselor Recommendation Survey** in Naviance. *Failure to do so will result in a delay in my transcript submission.*

I acknowledge that counselor recommendations and Secondary School Reports are confidential, personal in nature, and are not part of my educational record. I hereby **waive my right** to view the counselor recommendation at any time.

I acknowledge that if I add, drop, or change my senior year classes, it is my responsibility to notify each college to which I have applied.

I authorize the release of records as described above. I understand this authorization will expire June 30, 2021

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Office Received: _____