



# Central Bucks High School East

2024-2025

## Release of Records Student/Parent Authorization

Student Name: \_\_\_\_\_  
(Please print your name clearly)

Major: \_\_\_\_\_  
(If unsure, list multiple majors you are considering)

**By signing below, I acknowledge and consent to the following:**

I give permission to Central Bucks East to release the following records to colleges, NCAA, scholarships, and enrichment programs, as needed: Official Transcripts, Secondary School Report, recommendations, Mid-year and final grades and School Profile.

I am aware that all requests require a minimum of **15 school days to process after you submit your request through Naviance.** (Students can begin to make requests in Naviance on Sept.10). **This form is NOT a transcript request.**

I am aware that if I ask for a letter of recommendation from my School Counselor, I need to fill out the **Counselor Recommendation Questionnaire** in Naviance, under “Surveys”. The paper copy of the **Counselor Recommendation Request Form** will need to be submitted to Mrs. Kozman in C106. (form available in C106 and on website beginning Sept. 10). ***Failure to do so will result in a delay in writing/sending a recommendation letter.***

I acknowledge that 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 recommendations 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 July 31, 2025.

**THIS FORM AUTHORIZES US TO SEND YOUR APPLICATION DOCUMENTS.  
YOU MUST STILL ADD TRANSCRIPT REQUESTS IN NAVIANCE.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit this form to Mrs. Cynthia Kozman in Room C 106***

Office Received: \_\_\_\_\_