



Central Bucks High School East

2023-2024

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 give my consent to the following:

I give permission to release the following records, 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 after you submit your request through Naviance.** (Students can begin to make requests in Naviance on Sept.12)

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

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, 2024.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please submit to Mrs. Cynthia Kozman in the School Counseling Office in room C106.

Office Received: _____