**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, 2023

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

***Parent Signature:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*