

Central Bucks High School East 2025-2026

Step 1: Release of Records Student/Parent Authorization

Student Name:(Please print your name of	clearly) Major: (If unsure, list multiple majors you are considering)
By signing below, I acknowledge and o	consent to the following:
0 1	to release the following records to colleges, NCAA, as needed: Official Transcripts, Secondary School final grades and School Profile.
	nimum of 15 school days to process after you submit lents can begin to make requests in Naviance on Sept. quest.
out the <u>Counselor Recommendation Quantition</u> Copy of the <u>Counselor Recommendation</u> Kozman in C106. (form available in C106)	commendation from my School Counselor, I need to fill mestionnaire in Naviance, under "Surveys". The paper on Request Form will need to be submitted to Mrs. Of and on website beginning Sept. 9th). Writing/sending a recommendation letter.
<u> </u>	ad Secondary School Reports are confidential, personal in al record. I hereby waive my right to view
I acknowledge that if I add, drop, or charnotify each college to which I have appli	nge my senior year classes, it is my responsibility to ied.
I authorize the release of records as desc July 31, 2026.	cribed above. I understand this authorization will expire
	SEND YOUR APPLICATION DOCUMENTS. RIPT REQUESTS IN NAVIANCE and REQUEST D).
Student Signature:	Date:
Parent/Guardian Signature:	Date:

Please submit this form to Mrs. Cynthia Kozman in Room C106

Office Received:	
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