



# TRANSCRIPT AUTHORIZATION – STEP 1

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Counselor: \_\_\_\_\_

Student Email: \_\_\_\_\_ (Do not use CB Email)

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

I authorize Central Bucks West High School to release the following to any colleges, NCAA, athletic recruiters, scholarships, and enrichment programs, as needed: *Official Transcripts, Secondary School Report, Recommendations, Mid-year, Final grades, and the School Profile.*

I acknowledge that recommendations and Secondary School Reports are confidential and personal in nature. I hereby **waive my right** to view any letters of recommendation at any time.

*Please Note: This Transcript Authorization is only valid for one year starting on July 1, 2024 to July 1, 2025.*

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

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

Office received: \_\_\_\_\_

Office sent: \_\_\_\_\_