

PERMISSION FOR TRANSCRIPT RELEASE

Student Name (please print)

Date

Parent/Guardian Signature

Parent/Guardian email (please print carefully) _____

Date

Requests for transcripts must be made at least 3 in-session school weeks prior to the application deadline. Transcripts **WILL NOT** be sent out until this form has been returned to Guidance. I authorize Colchester High School to forward my student's transcript and other supporting documents to colleges.

◆◆◆ ONCE THIS FORM IS TURNED IN TO RENEE DECELLE, YOU MUST LOG ON AND REQUEST TRANSCRIPTS IN NAVIANCE. ◆◆◆

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA) you will have access to your recommendation(s) after you matriculate UNLESS at least one of the following is true:

1. The institution does not save recommendations post-matriculation
2. You waive your right to access below, regardless of the institution to which it is sent:

Yes, I do waive my right to access, and I understand I will not see my recommendation(s)

No, I do not waive my right to access and may someday choose to review my recommendation(s) if the institution at which I'm enrolling saves them after I matriculate.

Student signature _____ Student cell phone number (optional) _____ Date _____

Student email _____ (please print carefully)

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