



## COUNSELING DEPARTMENT TRANSCRIPT RELEASE FORM

Please provide information from the educational records of: \_\_\_\_\_ [Student Name]

I give my permission for my child's official transcript to be sent to all post-secondary institutions, scholarship entities, athletic divisions, or other institution, which may be transmitted electronically via Naviance, Slate or other electronic method or sent via postal service for the remainder of the current academic year.

### Academic Year:

The information that is to be released under this consent includes (please check all that apply):

Transcripts

Letters of recommendation

Any/all record as requested by my student and/or the institution

***Optional (Recommended):*** I waive my rights to review recommendations and supporting documents submitted on behalf of my student. I understand that this option is offered in good faith in order to potentially maximize the effectiveness of the recommendations for my student.

Parent/Guardian Name (print) \_\_\_\_\_

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

### **Student Consent (please check all that apply)**

*(Recommended): I waive my rights to review all recommendations and supporting documents submitted by me or on my behalf.*

**Prospective Athletes:** I have reviewed the NCAA Division 1 & 2 academic requirements and how they relate to my transcript and potential eligibility. I acknowledge that it is my responsibility to register for the NCAA Clearinghouse and to adhere to their rules & regulations in order to preserve potential eligibility.

Student Name (print) \_\_\_\_\_

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