

FAITH HERITAGE SCHOOL

Authorization for Release of School Records/FERPA Waiver

Please note: It is only necessary to complete this form once.

I, (*print name*) _____, hereby request that my school records including secondary school report, transcript, teacher recommendations, counselor recommendation, mid-year report and final transcript be released and forwarded to the colleges/scholarships to which I apply.

Please check one of the following:

_____ I waive my right to review my counselor and teacher recommendation letters, and understand that once submitted, I cannot revoke this waiver.

_____ I do not waive my right to access and may someday choose to review my recommendations.

Signature of Student

Date

Signature of Parent

Date

For Guidance Use Only: _____ *Date Received* _____ *Initials*