TRANSCRIPT RELEASE &

LETTERS OF RECOMMENDATION ACCESS WAIVER

**This release form and waiver must be filled out in order for official and unofficial transcripts to be sent to colleges, including advisors and coaches.**

I authorize ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School (Please print)

To release the transcript for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name (Please print)

***Waiver of Rights to Access Letters of Recommendation:***

IMPORTANT NOTICE: Colleges and universities prefer teacher and counselor recommendations remain confidential. Colleges generally believe recommendations written with this understanding are more candid and honest. Therefore, those recommendations have more validity and carry more weight in the admissions process than recommendations that parents and students can access. We request all students/parents/guardians requesting letters of recommendation complete and return this form to the counseling office.

\_\_\_Yes, I do waive my right to access and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

\_\_\_No, I do not waive my right to access and I may someday choose to see this form or any other recommendations or supporting documents.

Parent/Guardian Name (Please print) Required Parent/Guardian Signature Date

I am 18 years of age and assume full responsibility for requesting my high school transcript be sent to designated colleges.

Student Signature Date of Birth Today’s Date

NOTE: All material contained in the student’s record is accessible to the student and/or parent(s)/guardian(s) subject to applicable policies of the Board of Education of Baltimore County.

RETAIN IN SCHOOL COUNSELING OFFICE

OFFICE USE ONLY:

Counselor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_