

**COLD SPRING HARBOR HIGH SCHOOL COUNSELING CENTER
RELEASE OF RECORDS AUTHORIZATION FORM**

Student Name: _____ Grade: _____
Counselor: _____ Graduation Year: _____

Please allow for a minimum of 10 school days for our office to process your request.

Name of program/scholarship/school we are sending to: _____
If the materials need to be sent by mail, please list the address below. If materials need to be sent using a different method (online, e-mail, etc.), please list instructions below.

Place a check before each item you are required to send as part of your application:

____ Current Transcript _____ *Counselor Letter of Recommendation
____ First Quarter Grades _____ Other (specify): _____
____ Second Quarter Grades

Please note-If required, official PSAT, SAT or ACT scores must be forwarded directly from the college Board (www.collegeboard.org) or the ACT (www.act.org). Teacher letters of recommendation must be requested directly from the teachers.

*** FERPA Waiver:** In order to ensure the integrity of recommendations, The Counseling Center requires students to waive their FERPA rights to see their recommendation at any time. Without this waiver, The Counseling Center is unable to provide a formal recommendation.

Please select one:

I waive or I do not waive

Any right of access that I may have to recommendations that are submitted in conjunction with my application to this college/university.

Student Signature	Date	Parent Signature	Date
-------------------	------	------------------	------

I have reviewed my child's transcript and/or report card for accuracy and authorize Cold Spring Harbor High School to send the information outlined above regarding my child.

Student Signature Date Parent Signature Date

***** Please see the back of this form for information regarding Students with Disabilities *****

Counseling Center Use Only:
Date Received _____ Date Sent _____

Students with Disabilities: Please review and complete the below information.

Please indicate which level services you are receiving:

_____ Testing accommodations only _____ Formal learning disabilities services program

*****Your disability or learning difference is a private matter and information about it may not be revealed without your permission and that of a parent. If you do not want your counselor to reference your disability, please leave this section blank.** If you wish your counselor to reflect on your disability in the letter of recommendation that will accompany your school records, please provide the appropriate signatures below:

*****My counselor has permission to discuss my disability in the letter of recommendation for college or in conversations with college admissions personnel.**

Student signature

Parent/Guardian signature

Date