Baltimore County Public School
TRANSCRIPT RELEASE & WAIVER FORM

I authorize ___________________________________________
Name of High School

To release the transcript for:

_____________________________________________________
Name of Student (Print Full Legal Name)

Four transcripts are FREE for each additional transcript there is a $2

In accordance with the Family Education Rights and privacy Act (FERPA) Public Law 93-380, release of a
student’s school records requires the written signature of the parent if the student has not reached the age of 18. A
student who has attained the age of 18 may declare her/his majority and sign for release of her/his records. By
signing this release you are granting permission for the electronic release of school records to the colleges or
organizations you have selected on your Naviance Family Connections account.

After submitting this form you must log onto Family Connections account to request a transcript be sent to the college or university of your choice.

Log onto: your Naviance Family Connections account:
<click the COLLEGES tab
<click the TRANSCRIPTS link on the left
<click REQUEST TRANSCRIPTS FOR MY COLLEGES
<see your School Counselor if you forget your username or password

Waiver of Rights to Access Letters of Recommendation

IMPORTANT NOTICE: Colleges and universities prefer that teacher and counselor recommendations remain
confidential. Colleges generally believe that 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 that all students, parents/guardian 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 Name (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 listed on my Family Connections account.

Student Signature Date

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

RETAIN IN SCHOOL COUNSELING OFFICE
FOR OFFICE USE:

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<tr>
<th>Date received</th>
<th>Computer</th>
<th>Fee Paid</th>
<th>Notice</th>
<th>Counselor</th>
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Baltimore County Public Schools Office of School Counseling