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 his/her majority and sign for release of his/her 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 forgot 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:

Date received	Computer	Fee Paid	Notice	Counselor