



Waiver of Rights and Records Release Form

Student Name: _____ Date of Birth: ____/____/____
Parent Name: _____ Phone: _____
Counselor Name: _____ Grade Level: _____

Release of Student Education Records:

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent/guardian. The law requires that schools receive written permission signed by the parent/guardian in order to release any information from a student's education record to a third party. By signing and dating below, I authorize HCPSS to release any education records or other information requested by the school or organization in support of the application. This may include, but is not limited to, transcript, report cards, current courses, and any letters of recommendation or related forms. However, this authorization specifically excludes the release of discipline information.

By checking this box I authorize HCPSS to release my student's education records.

Waiver of Right to Access Letter of Recommendation & Related Forms:

Schools prefer letters of recommendation and related forms to be confidential as they are more candid and honest. If you choose not to waive your right to access recommendations, schools will be informed that you did not waive your rights and thereby had access to read the letters of recommendations and related forms.

By checking this box I waive my rights to examine **all** letters of recommendations and related forms.

By checking this box I do **NOT** waive my rights to examine any letters of recommendations and related forms.

Deadlines: I understand that all records requests must be submitted AND/OR requests for letters of recommendation and related forms must be made at least 20 school days prior to the school's or organizations deadline.

My signature below confirms that I have read and understand this form. I understand that this authorization will remain in effect for the school year in which it was signed.

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Student Signature: _____ **Date:** ____/____/____

This form must be signed and submitted to your school registrar/school counseling secretary 20 school days prior to your first school's deadline.