

**\* Please submit this form either in person to the registrar or via email at: [RHSregistrars@hcpss.org](mailto:RHSregistrars@hcpss.org)**



## TRANSCRIPT REQUEST & RECORDS RELEASE FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Counselor: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College/University, Armed Forces, Scholarship, Employer, Trade/Technical School, NCAA, Internship Program, Other	City in which College/Entity is Located	Application Deadline Date	Application Deadline Type* (EA, ED, Priority, Regular, Rolling, etc.)	What application are you completing? (e.g., Common App, Coalition, Common Black College App, QuestBridge, school's application)	Do you need a counselor rec letter? (Y or N)	For OFFICE USE Only
						Date Received
						Date Submitted

**Release of Student Records:** The law requires that schools receive written permission signed by the parent/guardian before transcripts, including mid-year reports, letters by school-based staff, and other student records can be released to a third party. *By signing and dating below, I give approval to have transcripts and other student records sent by U.S. Mail or transmitted electronically to those listed above when a request to do so is made by my student.*

**Signature of Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Waiver of Right to Access School Counselor/Teacher Letters of Recommendation:** Colleges prefer letters of recommendation be confidential as they are more candid and honest. Therefore, we ask that you waive your rights to review your letters of recommendation. If you choose not to waive your right to access recommendations, this information will be included in all letters of recommendation.

Teacher(s) writing your letters of recommendation: \_\_\_\_\_

- By checking this box I waive my rights to examine all letters of recommendations.
- By checking this box I do NOT waive my rights to examine any letters of recommendations.

**Signature of Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Allow 20 school days to process all requests.**

\*Consult your application to confirm type and match to deadline date:  
EA=Early Action (typically non-binding) ED=Early Decision (typically binding)