

West Essex Regional School District Guidance Department

Authorization to Release Records

In order for West Essex High School to process college applications, the following statement must be signed and on file in the Guidance Office. If you are an athlete, please read and sign after the second paragraph as well.

As part of the college application process, I authorize the release of a copy of my official transcript containing courses taken and grades earned, as well as any other educational records required of educational institutions to which I apply. I authorize the Guidance Office, as well as the teachers, counselors and administrators of West Essex High School, to submit descriptive statements and/or letters of recommendation for my applications when requested. I understand that these statements are confidential, and hereby waive any rights to review their content. I recognize that this is West Essex High School's responsibility to notify any educational institution to which I have applied or have been accepted as to any changes in my status at West Essex High School, and I hereby authorize such notification.

Student (Print Name)	Date
Student (Signature)	Date
Parent (Signature)	Date
I authorize the release of my official transcript fo	elease for Athletes or recruiting purposes to the NCAA Clearinghouse, also understand that I am responsible for completing the use website. It is my responsibility to supply the
Student (Signature)	Date
Parent (Signature)	