

HAVERFORD HIGH SCHOOL TRANSCRIPT RELEASE PERMISSION FORM

The Counseling Office will begin accepting Transcript Requests on the first student day of the school year.

Name: _____ Section: _____ Date of Birth: _____

Completion of the Transcript Release Permission Form acknowledges the following:

1. I give Haverford High School permission to release my academic records (Official Transcript and Senior Year Schedule) upon completion of the:
 - a. Transcript Request Page on Naviance for **Electronic Transcripts**.
 - b. Transcript Request Page on Naviance and the Regular Mail Transcript Request Form for **Paper Transcripts**.
2. I will send my official admission testing scores to each school that I am applying to via www.collegeboard.org (SAT) or www.actstudent.org (ACT).
3. I will follow the **Transcript Request Instructions for Post High School Applications** and the **Methods of Transcript Delivery Instructions**.
4. I understand that the 15 school day timeline initiates with the completion of the:
 - a. Transcript Request Page on Naviance for **Electronic Transcripts**.
 - b. Transcript Request Page on Naviance and the Regular Mail Transcript Request Form for **Paper Transcripts**.
5. I understand that if I am requesting a Counselor Letter of Recommendation that I am required to complete the **Student Evaluation** and **Activities Record/Resume** on Naviance.
6. I understand that if I am requesting a Counselor Letter of Recommendation that it would be helpful if my parent(s)/guardian(s) completed the **Parent Information Sheet** on Naviance.
7. I understand that I am waiving my right to read any recommendation submitted on my behalf and further agree not to do so in the future.

Student Signature and Date

Parent/Guardian Signature and Date
Required if student is under 18

Date Received by Counseling Office: _____

Date Entered in Spreadsheet: _____