

# 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](http://www.collegeboard.org) (SAT) or [www.act.org](http://www.act.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 **Post High School Planning Reflection** and **Activities Record 2019** 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 the Counseling Office: \_\_\_\_\_

Date Entered in Spreadsheet: \_\_\_\_\_