



Nonnewaug High School

5 Minortown Road
Woodbury, CT 06798
Telephone Number (203) 263-0253
Fax (203)263-6928

Name of student _____

YOG: _____

PERMISSION TO RELEASE EDUCATIONAL RECORDS AND RECOMMENDATION LETTERS

I hereby give permission to the Nonnewaug School Counseling Department and any Regional School District #14 employee selected by the student to prepare and forward school transcripts, test scores, and letters of recommendation, which may include grades, GPA, and decile rank, to colleges, financial aid offices, athletic departments, NCAA Clearinghouse, student aid and scholarship agencies, or other offices in the college admission process.

Parent Signature _____ Date _____

Student's Signature: _____ Date _____

WAIVER OF RIGHTS TO INSPECT AND COPY RECOMMENDATIONS

An understanding exists between colleges and secondary schools that the evaluations and recommendations received from high schools are confidential information. College admissions officers expect that evaluations and recommendations made with this understanding are candid and honest. Therefore, these evaluations may carry appreciably more weight in the admissions process. Students should request recommendations accordingly.

_____ I do waive my right to inspect and copy confidential information and recommendations requested.

_____ I do not waive my right to inspect and copy confidential information and recommendations requested.

(Student's intent to be noted at bottom of recommendation sent to college or scholarship committee)

Parent Signature _____ Date _____

Student Signature _____ Date _____

If the student is under the age of 18, the parent or guardian as well as the student must sign the form.

Please return to Mrs. Green in the CCRC