## RECORDS RELEASE AUTHORIZATION FORM

## **Great Valley High School Counseling Department**

Student Name:	_ Grade:	Date of Birth:
Address:	Student Email:	
This form must be submitted to the Great transcripts and recommendations to be ab NCAA, and/ or any other requests made by	le to be sent to colleges, sch	
<u>Tra</u>	anscript Request Informatio	<u>on</u>
• Transcript requests for colleges must be e to the deadline posted by the recipient. To recipients requires an additional paper for	ranscript requests for summer	programs, scholarships, and other
• This release applies to mid-year grade repinitial transcript has been sent. Also in		·
• SAT/ACT scores are <u>NOT</u> included on the <u>scores directly from the testing agency</u>	· · · · · · · · · · · · · · · · · · ·	
The Great Valley transcript does not include:	ude discipline, attendance or	health records.
• Each student may request 10 free transcr	ipts. There will be a \$3 charg	ge for each additional transcript.
<u>Re</u>	ecommendation Information	<u>1</u>
List the teacher(s) from whom you have re the number of recommendations, which shou		in priority order (i.e. if a college limits
1:	2 <b>:</b>	
If a counselor recommendation is required sent. <i>Note: All recommendations are considerated</i> .		
By signing below, I/WE understand and ag School to release official high school record NCAA, and any other recipients requested	ds and recommendations to	all colleges, scholarship programs,
Parent Signature/Date		udent Signature/Date
FOR GUIDANCE OFFICE USE ONLY		

RELEASE RECORDED IN NAVIANCE: \_\_\_\_\_