

Student Name \_\_\_\_\_

Counselor \_\_\_\_\_

**Records Release Form  
Class of 2025**

**Please be sure to complete this form in its entirety by indicating the correct information in each column.**

Name of College	Reg/ED/EA REA (Restrictive EA) ROLL (Rolling) SCEA (Single Choice EA)	Common Application	Non-Common Application	Coalition Application	Will you submit test scores?	Due Date
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____

By signing below, you are giving the Manhasset High School Counseling Office permission to release the following documents to the schools indicated above: your 6-semester high school transcript, counselor letter of recommendation, 1<sup>st</sup> quarter grades (**only if required**) mid-year report card, final senior transcript. **Please sign and date below.**

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

**Counseling Office Use Only**

Date Received \_\_\_\_\_

Date Sent \_\_\_\_\_

Please see the reverse side of this form.

**College Application Procedures (Please Read Carefully)**

- ❑ **Requests for ED/EA/REA and SCEA applications must be received at least two (2) weeks prior to their due date.**
- ❑ **Requests for records to be delivered to colleges by January 1<sup>st</sup> 2025, must be received in our office by December 9, 2024. Please keep in mind that the Counseling Office is CLOSED during the Holiday Recess.**
- ❑ **This form must be submitted directly to a member of the Counseling Office clerical staff. Forms left in a counselor's mailbox or on the counter in the office will be returned to the student.**
- ❑ **Requests to submit additional applications after this form has been submitted must be accompanied by another Record Release Form.**
- ❑ **The Counseling Department does not send AP, SAT or ACT scores to colleges. Official scores must be sent directly from the College Board or ACT by the student.**
- ❑ **For teachers who will mail in their letter of recommendation, you must provide them with stamped, addressed envelopes for each school to which you apply.**
- ❑ **Please let us know about any/all application decisions received from the colleges to which you apply.**
- ❑ **Important Information:**
  - MHS CEEB Code: 333010**
  - School Address: 200 Memorial Place, Manhasset NY 11030**
  - Office Phone: (516) 267-7610**
  - Office Fax: (516) 267-7621**
  - Counselor email addresses:**
    - danielle\_cerulli@manhassetsschools.org (516)267-7615
    - kcosenza@manhassetsschools.org (516)267-7620
    - marcy\_fogel@manhassetsschools.org (516) 267-7619
    - jlandman@manhassetsschools.org (516) 267-7616
    - lori\_margulies@manhassetsschools.org (516)267-7632
    - kristen\_ruthkowski@manhassetsschools.org (516) 267-7624