

Student Name_____

Counselor_____

Records Release Form**Class of 2026****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>	_____

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, 1st 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 1st 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