

**ROSLYN HIGH SCHOOL COUNSELING CENTER
TRANSCRIPT VERIFICATION AND RELEASE FORM**

NAME: _____ COUNSELOR: _____

I have examined my transcript and find that the information reported is correct.

☐ Please check here if you would like to keep any support and/or special education support courses listed on your transcript.

I authorize my transcript to be sent to all colleges to which I am applying for admission. I understand that mid-year grades will be sent to all schools automatically.

Date

Parent Signature

Student Signature

FERPA WAIVER

The questions you will see below relate to your educational records. The first pertains to the transmission of your educational records from your secondary school(s) to the colleges to which you are applying. The second concerns your right of access to confidential letters of recommendation. Under the terms of the Family Educational Rights and Privacy Act (FERPA), you can review recommendations and accompanying forms if you are age 18 or older or upon enrollment at a postsecondary institution provided that institution saves the documents. You may, however, waive this right of access altogether. In a moment, you will be asked if you wish to waive this right.

Why should you consider waiving your right of access? Waiving your right lets colleges know that you will never try to read your recommendations. That in turn reassures colleges that your recommenders have provided support that is candid and truthful. While you are free to respond as you wish, if you choose not to waive your right, some recommenders may decline your request, and some colleges may disregard recommendations submitted on your behalf.

After you make your selection about whether you want to waive your right of access, you will be able to invite your recommenders. Once you make the first invitation, you will not be able to change your waiver selection. To ensure that you fully understand the implications of your decision, we urge you not to answer the waiver question until you have consulted with your counselor, another school official, or your parent/legal guardian.

I have fully read and understood the FERPA Release Authorization explanation above.

I authorize every school that I have attended to release all requested records and recommendations to colleges to which I am applying for admission. I also authorize employees at these colleges to, confidentially, contact my current and former schools should they have questions about the information submitted on my behalf.

Please select one:

_____ I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

_____ I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf. I understand that my decision may lead my counselors or teachers to decline to write recommendations on my behalf. I also understand that my decision may lead to colleges to disregard any recommendations submitted on my behalf.

I understand that my waiver or no waiver selection above pertains to all colleges to which I apply.

Student Signature: _____

Date: _____

New York State
FINANCIAL AID MANDATE
(Must Complete)

STUDENT NAME: _____ COUNSELOR: _____

The Free Application for Federal Student Aid (FAFSA) or Jose Peralta New York State DREAM Act (DREAM Act) determines a student's eligibility for financial aid to assist with a student's attendance at a college or career school. New York State Education Law 305(61) now requires that school districts verify that high school seniors either complete the FAFSA or, if applicable, the DREAM Act application, or sign a waiver indicating that the student understands what the FAFSA or, if applicable, the DREAM Act application are, and has chosen not to file one of these financial aid applications.

Please choose one of the following options regarding financial aid applications:

_____ I will be applying for financial aid and will complete the following applications:

_____ FAFSA

_____ DREAM ACT

_____ I **will not** be applying for financial aid and will "opt-out" of completing the FAFSA.

I understand without a FAFSA on file, I can only be considered for institutional financial aid, and will not be considered for any form of state or federal financial aid including: State Need Grant, College Bound, Pell Grant, TEACH Grant, Federal Direct Stafford Loans, PLUS Loans, and any other state or federal aid.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____