ROSLYN HIGH SCHOOL Counseling Center

TRANSCRIPT VERIFICATION/RELEASE FORM

<u>NOTE:</u> TRANSCRIPTS WILL NOT BE SENT TO ANY COLLEGES UNTIL THIS FORM IS RETURNED TO THE COUNSELING CENTER WITH PROPER SIGNATURES.

Name				
		Date	Counselor	
	CAN BE MADE TO A TRANSCRIPT		THE TEACHER OF THE COURSE. NO CHAN ADE CHANGE FORM FROM THE TEACHER A	
Please note	Workshop, Math Labs)		pecial Education courses (ex. Academic St	
		SCRIPT VERIFICA		
(No transcript	will be released without the prop	er signatures or	this verification form.)	
			rmation reported is correct in all respects. ver I designate.	Please send
Date	Parent Signature		Student Signature	

ROSLYN HIGH SCHOOL Counseling Center FERPA

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'll 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.

Signature:	Date:
am applying for admission. I also au	ttended to release all requested records and recommendations to colleges to which prorize employees at these colleges to confidentially contact my current and formed bout 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
behalf. I understand that my decision	review all recommendations and supporting documents submitted by me or on many lead my counselors or teachers to decline to write recommendations on my sision may lead colleges to disregard any recommendations submitted on my behalision.
I understand that my waiver or no	vaiver selection above pertains to all colleges to which I apply.
Signature:	Date:
Print Name	
Ferpa/docs/mbb	