



Fostering faith • Inspiring excellence

Parental Release of Records

I give my permission for the release of my son's/daughter's official transcript including his/her SAT, SAT II and ACT scores to any post-secondary or third party institution. By giving this permission, my son/daughter may request his/her official transcript by submitting a written request to the College Counseling Office.

Student's Name (Print)

Date

Signature of Parent



Waiver of rights to letters of recommendation:

Print Student's Name: _____

- I WAIVE my right to see my letters of recommendation
- I DO NOT WAIVE my rights to see my letters of recommendation

Student Signature _____ Date _____

Parent Signature _____ Date _____