

# Housatonic Valley Regional High School

246 Warren Tpke

Falls Village, CT 06031

Telephone Number (860) 824-5123

Fax (860) 824-0130

Name of student \_\_\_\_\_

YOG: \_\_\_\_\_

## Permission to Release Educational Records and Recommendation Letters

I hereby give permission to HVRHS Counseling Department and any Regional #1 employee selected by the student to prepare and forward school transcripts, test scores, and letters of recommendation, which may include grades, GPA, and decile rank, to colleges, financial aid offices, athletic departments, NCAA Clearinghouse, student aid and scholarship agencies, or other offices in the college admission process.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Waiver of Rights to Inspect and Copy Recommendations

An understanding exists between colleges and secondary schools that the evaluations and recommendations received from high schools are confidential information. College admissions officers expect that evaluations and recommendations made with this understanding are candid and honest. Therefore, these evaluations may carry appreciably more weight in the admissions process. Students should request recommendations accordingly.

\_\_\_\_\_ I do waive my right to inspect and copy confidential information and recommendations requested.

\_\_\_\_\_ I do not waive my right to inspect and copy confidential information and recommendations requested.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

If the student is under the age of 18, the parent or guardian as well as the student must sign the form.