

GAITHERSBURG HIGH SCHOOL

314 South Frederick Avenue
Gaithersburg, MD 20877
Telephone: 301-840-4727
FAX: 301-840-4738

School Counseling Services

Authorization for Release of Student Records

(Return this form to Counseling one time before you begin the application process!)

Name (print clearly) _____
(first) (last)

I authorize the Gaithersburg High School Counseling Department to release records to requested post-secondary institutions or prospective employers for the student named above.

I give Gaithersburg High School permission to release scores from: ACT No Yes
SAT No Yes / AP No Yes / PSAT No Yes

Signature: _____ Date: _____
(Parent/Guardian signature if student is under 18)

Waiver of Right to Review Counselor Recommendation

I hereby waive my right to review the secondary school report and counselor recommendation. Most colleges will only review confidential recommendations.

Student Signature: _____ Parent Signature: _____

Date _____

Please note: This form needs to be completed only the first time you request a transcript. One release form will suffice for the release of pertinent school records to all post-secondary institutions and prospective employers.

NO RECORDS WILL BE SENT WITHOUT THE COMPLETION OF THIS FORM.