

SENIOR  
Northwood High School  
Authorization for Release of Records  
Counseling Office – 301-649-8270

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ID# \_\_\_\_\_ Counselor \_\_\_\_\_

Name (please print) \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_  
(Last) (First) (optional)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Waiver of Right to Review Counselor Recommendation

I hereby waive my right to review the secondary school report and counselor recommendation. If you elect to not waive your right, counselors are not obligated to write letters of recommendations.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

Please Note: This form need 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.

**Mid-year and Final Transcripts are FREE**

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