

WALTER JOHNSON HIGH SCHOOL

6400 Rock Spring Drive
Bethesda, MD 20814
Telephone: 301-803-7121
FAX: 301-571-6954

School Counseling Services

Authorization for Release of Student Records

(Return this form to Ms. Evans in the Counseling Office one time before you begin the application process!)

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

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

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.

Student Signature: _____ Parent Signature: _____

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

Dennis P. Reynolds, Resource Counselor
Erika Murray, Counselor
Joseph Adegboyega-Edun, Counselor
Nancy Blanco, Counselor
Lisa Sorensen, Counselor
Julie H. Kim, Counselor
Emily Putney, Counselor
Cecil (Joe) Thompson, Counselor

Suzanne Moreland, Secretary, Counseling Services
Clara Matos, Registrar
Gayle Evans, College Application Coordinator
Lee Swantkowski, Student Support Teacher

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institutions and prospective employers. **NO RECORDS WILL BE SENT WITHOUT THE COMPLETION OF THIS FORM**

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