



Thomas S. Wootton High School

2100 Wootton Parkway, Rockville, Maryland 20850

Telephone: (301) 279-8550

Fax: (301) 279-8569

AUTHORIZATION TO RELEASE STUDENT RECORDS

Student Name *(please print)* _____

I.D. Number _____

Date _____

Social Security Number _____

Counselor Name _____

Permission is granted for the release of all school records (copies thereof) pertaining to attendance, date of withdrawal or graduation, exact title of subject taken, grades and/or credits earned, individual or group testing, health records, etc., upon request for a college, school, scholarship or place of business.

PLEASE NOTE: Allow at least twenty (20) school days for transcripts to be mailed from Wootton.

Send to _____

Parent Signature _____

Address _____

Student Signature _____

Grade _____ Date of Birth _____

Date of Graduation _____

**Check here if this release is
for all college applications** _____

CONFIDENTIALITY STATEMENT

I waive _____ do not waive _____ my right to have access to the recommendation and evaluation summary of my college application.

Student Signature _____

Parent Signature _____

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