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 Career Center <u>one</u> time before you begin the application process!)

Name (print clearly)			
77	(first)	(last)	
I authorize the Walter Joh	nson High School Couns	seling Department to releas	se records to
requested post-secondary	institutions or prospecti	ve employers for the stude	ent named above.
Signature:		_Date:	
(Parent/Guardian si	gnature if student is und	der 18)	
Waiver of Right to Revi	ew Counselor Recom	mendation	
I hereby waive my right to	review the secondary s	school report and counselo	r recommendation.
Student Signature:	Par	ent Signature:	
Please note: This form n	•		•
release form will suffice fo	r the release of pertiner	it school records to all pos	t-secondary
institutions and prospectiv	e employers. NO RECO	RDS WILL BE SENT WI	THOUT THE
COMPLETION OF THIS	FORM		

Imani Ladson, Resource Counselor Dennis Reynolds, Counselor Jamie Reed, Counselor Megan Adkins, Counselor Lisa Sorensen, Counselor Ashley Weddle, Counselor Hawa Magona, Counselor Audrey Weissberg, Counselor Raquel Wood, Counselor James Stradley, Counselor Laura Drummey, Counselor Heather Dodge, Counselor Benjamin O'Hara, Counselor Karina Rodriguez, Counseling Services Clara Matos, Registrar Gayle Evans, College and Career Information Coordinator Antonia Dentes, Dual Enrollment Program Assistant Mary Gahl, Transcript Secretary Juana Baquerizo Prada, Counseling Services