# AUTHORIZATION FOR RELEASE OF B-CC RECORDS

Bethesda-Chevy Chase High School
4301 East West Highway
Bethesda, Maryland 20814

**Student:** _____ _____
**Last Name** **First Name**

_____ _____
**Student ID #** **Grade**

I authorize the Counseling Department of Bethesda-Chevy Chase High School to release my child's records to all requested colleges, universities, private schools, summer programs, and scholarship competitions.

_____ _____ _____
Signature of Parent/Guardian Printed Name of Parent/Guardian Date

SUBMIT THIS FORM ONLY ONCE