

Please note: If you are applying to a school **via the Coalition Application**, please circle e-Docs above for the delivery type. When prompted in the Coalition Application, check the box to indicate that you will be sending transcripts and letters of recommendation separately.

Student Name: _____ ID# _____

Date of Birth: _____ Counselor Name: _____

Colleges I'm Applying To	The Way I'm Applying (Delivery Type in Family Connection)		College Deadline Date	Fee
	CIRCLE ONE	DECISION*		
	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Common App <input type="checkbox"/> E-Docs	ED EA RD Priority		Free
	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Common App <input type="checkbox"/> E-Docs	ED EA RD Priority		Free
	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Common App <input type="checkbox"/> E-Docs	ED EA RD Priority		Free
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* ED – Early Decision ● EA – Early Action ● RD – Regular Decision

Public Law 93-380 requires a parent/guardian signature (or student's if 18 years of age) before records can be released. We are not permitted to release any information without written authorization.

Parent/Guardian and student signature below is authorization of the release of student information for college applications, scholarship consideration and/or employment application for the student named above.

Waiver of Right to Review Counselor Recommendation

I hereby waive my right to review the secondary school report, counselor and/or teacher recommendation as required as part of the college application process.

Print Parent/Guardian Name

Parent/Guardian Signature

Student's Signature: _____

Please note: One form with signatures will suffice for the release of pertinent school records to all post-secondary schools.