

**Northwest High School • 13501 Richter Farm Road, Germantown, MD 20874**

**Scholarship Processing Form**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Counselor Name:** \_\_\_\_\_

Submit a **business envelope with one stamp** for each scholarship that requires a transcript. Write your name in the upper left corner of the envelope (NO RETURN ADDRESS; no fee for this transcript). **Do not put your return address on anything the school is mailing.** Since the envelope will contain official transcripts, it must have the school's return address stamped on it.

Name of Scholarship	Deadline Date	The Way I'm Applying CHECK ONE	Include in Envelope	Date Processed (office use)
		<input type="checkbox"/> Stamped Envelope-Northwest Mails <input type="checkbox"/> Sealed Envelope-Student Pick-up	<input type="checkbox"/> Transcript <input type="checkbox"/> Counselor Recommendation	
		<input type="checkbox"/> Stamped Envelope-Northwest Mails <input type="checkbox"/> Sealed Envelope-Student Pick-up	<input type="checkbox"/> Transcript <input type="checkbox"/> Counselor Recommendation	
		<input type="checkbox"/> Stamped Envelope-Northwest Mails <input type="checkbox"/> Sealed Envelope-Student Pick-up	<input type="checkbox"/> Transcript <input type="checkbox"/> Counselor Recommendation	
		<input type="checkbox"/> Stamped Envelope-Northwest Mails <input type="checkbox"/> Sealed Envelope-Student Pick-up	<input type="checkbox"/> Transcript <input type="checkbox"/> Counselor Recommendation	

Parent/Guardian and student signature on file with transcript request.

Please circle: Yes No

If No, please provide signatures below

**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.