## **AUTHORIZATION FOR RELEASE OF TRANSCRIPTS**

request counselor recommendations and other pertinent understand that the first <i>five</i> transcript requests are request. Indicate <b>EA</b> if you are applying <i>Early Action</i> corresponding college/university. Note: Requests models of the NOT receive priority or preferential support.	school records e <b>free</b> ; that a ch n, <b>ED</b> Early Decis	to the following narge of <b>\$2.00</b> wi sion or <b>ROLL</b> Rolli	g colleges and/or universities. Il be collected for each additioning or <b>RD</b> Regular Decision for the	na he
EARLY ACTION OR EARLY DECISION				
REGULAR DECISION OR ROLLING DECI	SION REQUESTS	DUE <i>ON OR BEFC</i>	PRE DECEMBER 2nd	
College/University	EA/ED/ Roll/RD	Application Deadline	Entered in Schoolinks (Y/N)	
1				
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9 10				
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<ul> <li>Adult Student/Parent/Legal Guardian rights under Flo</li> <li>Right to Access (a copy of records may be obt</li> <li>Right to Privacy (Right to waive access to conf</li> <li>Right to Challenge (Right to challenge the conf</li> <li>Right to Notification (Right to know that record</li> </ul>	rained at cost of fidential letters stents of records	reproduction) and statements) s provided throug		
Information will NOT be disclosed to any other party of prior written consent of Adult Student/Parent/Legal Consent of Adult Student	-	ficials with a legiti	mate educational interest witho	ut
I have been informed of and understand my rights reg	garding the rele	ase and transfer o	f these records.	
Adult Student Signature (18 or older)		Date		
Parent/Legal Guardian Signature				
Office Use Only / Date Received				