PERMISSION FOR TRANSCRIPT RELEASE 2018-2019

Student Name (please print)	Date	
	Parent/Guardian email (please print carefully)	
Parent/Guardian Signature (if student is under 18)	(This will be entered in Naviance and used for email correspon	dence)
Requests for transcripts must be made at least 3 in-sest transcript and other supporting documents to the college	esion school weeks prior to the application deadline. I auges I request in Naviance.	thorize Burlington High School to forward my studen
♦♦♦ <u>ONCE THIS FORM IS TURNED IN TO BRI</u>	TTANY LANGEVIN, YOU MUST LOG ON AND	REQUEST TRANSCRIPTS IN NAVIANCE. ••
IMPORTANT PRIVACY NOTICE: Under the terms of the Familione of the following is true: 1. The institution does not save recommendations post-matriculation	ly Educational Rights and Privacy Act (FERPA) you will have access to	to your recommendation(s) after you matriculate UNLESS at leas
2. You waive your right to access below, regardless of the institution		
$\label{eq:second-equation} \begin{array}{l} \Box Yes, I \ do \ waive \ my \ right \ to \ access, and \ I \ understand \ I \ will \ not \ see \\ \Box No, I \ do \ not \ waive \ my \ right \ to \ access \ and \ may \ someday \ choose \ to \end{array}$	my recommendation(s) review my recommendation(s) if the institution at which I'm enrolling	saves them after I matriculate.
Student signature	Student cell phone number (optional)	Date
Student email (one that you check regularly)		(please print carefully)
(This will be entered in Naviance and used for small correspondence		

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