

PERMISSION TO RELEASE SCHOOL RECORD INFORMATION

Name of Student: _____ ID Number: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the parent or legal guardian of the student whose name appears above, hereby authorize staff members of the Poway Unified School District to write letters of recommendation and complete forms in which they may reference educational records and information, including, but not limited to: grades, GPA, courses taken, test results, extracurricular activities, awards/recognition, discipline and attendance records. **Please initial your selection below:**

_____ I waive my right to review a copy of my student's letter(s) of recommendation at any time in the future.

_____ I do not waive my right to review a copy of my student's letter(s) of recommendation at any time in the future.

NOTE: Communications with receiving institutions will mention when a parent and/or legal guardian has chosen not to waive FERPA rights. I understand further that (1) I have the right not to consent to the release of my student's school records and (2) I have the right to receive a copy of such records upon request. This consent shall remain in effect until revoked by me, in writing, and delivered to the school's Registrar. Such revocation shall not affect disclosures previously made by any P.U.S.D. staff member prior to the receipt of any such written revocation.

This information is released subject to the confidentiality provisions of FERPA and other appropriate state and federal laws and regulations, which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Visit the PUSD web page at: http://www.powayusd.com/doc_library/FERPA.pdf and review information on waiving / not waiving your right to review letters of recommendation. To view the institutions that do not save recommendations post-matriculation see list at www.commonapp.org/FERPA

RELEASE OF TRANSCRIPT

Transcripts contain confidential information that can only be released with the permission of an adult, 18 years of age or older. Students younger than 18 require the permission of a parent/guardian. The signature below will be kept on file and authorizes the school to release the student's transcript to any schools, colleges, or universities the student or parent requests. Subsequent requests can be handled without the need for school officials to acquire parental authorization.

Please Initial Below:

_____ I agree that my transcript will be sent:

As is, as of _____ (date) or Wait for Q1 grades to post to transcript.

_____ I am expecting a grade change*. If so, for which courses and what grade? _____

***This does not apply to current AP courses you may/may not get a grade change on due to AP Exams in May**

_____ I am expecting grades from courses outside of Westview that have been pre-approved on my transcript? If so, provide the name of institution, course and expected date of completion? _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

This form must be signed and returned to your counselor in order for you to receive transcripts, letters of recommendation or a school report from any staff member.