

**Madison County High School
School Counseling Office
68 Mountaineer Lane
Madison, Virginia 22727
Phone: 540-948-3785**

**Educational Records Consent & Release Form
For Post-Secondary Applications**

Student's Full Name (first, middle, last; please print)

Year of Graduation

In order for MCHS to be able to release transcripts or other educational records for the purpose of application to college, explicit written consent must be given by a parent/guardian of a student under the age of eighteen (18) prior to the release of any educational records.

**FERPA Consent, Release & Waiver for Letters of Recommendation(s):
College, Scholarship, Honor, Special Programs & Employment**

Teachers and counselors completing evaluations, statements and letters of recommendation often wish to reference certain information such as grades, GPA or class rank contained in a student's education record. In order to do so, it is necessary that parents/students consent to the release of such information, and therefore, parents/students making such requests are asked to complete this consent and release form and return it to the School Counseling Office

**Waiver of Right to Inspect and Review
School Counselor/Teacher Statement or Letter of Recommendation(s):
College, Scholarships, Honors, Special Programs & Employment Applications**

Furthermore, colleges and universities prefer that teacher/counselor evaluations, statements and letters of recommendation be confidential. Colleges generally believe that recommendations written with this understanding are more candid and honest. Therefore, those recommendations have more merit and carry more weight in the admissions process than recommendations that parents and students can access. Similarly, scholarship, honor and special program selection committees, as well as future employers prefer recommendations that honestly reflect the individual. In accordance with this sentiment, we encourage all students/parents to waive the student's/parents' right to inspect and review confidential letters and statements of recommendation by completing the waiver portion of this form below. If you choose not to waive your rights to inspect and review statements or letters of recommendation, you should understand that a MCHS faculty member has the right to decline your request for a recommendation.

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_____ We **DO** waive our rights to inspect, review or obtain a copy of the letter(s), statement(s), rating sheet(s) or other evaluation(s) requested. (recommended)

_____ We **DO NOT** waive our rights to inspect, review or obtain a copy of the letter(s), statement(s), rating sheet(s) or other evaluation(s) requested.

I consent to the release of student information and educational records by Madison County High School blanket permission for the purpose of the college application process. It is my understanding that educational records include the following items:

- ❖ Official School Transcript;
- ❖ Secondary School Report Form;
- ❖ Mid-Year Transcript;
- ❖ Final Transcript to the college you are attending;
- ❖ Oral communication with college admissions personnel

[Specific written request must be made for any other personal items to be included]

Student's Name (please print)

Parent/Guardian's Name (please print)

Student's Signature

Parent/Guardian's Signature

Date

Date

Return this form to the School Counseling Office as soon as possible.

NO records will be released without this returned signed form. Please call the counseling office if you have any questions.