



## Clearview Regional High School Guidance Department

### Senior Transcript Release Form

(Please print all information clearly.)

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

***This form must only be completed ONE TIME for each student.***

I give permission for my (child's) transcript to be released for:

(Check all that may apply.)

- College Applications
- Scholarships
- NCAA
- Athletics
- Other

***NOTE: Transcript requests for colleges and universities must be made through each student's Naviance Family Connection account.***

Visit [www.connection.naviance.com/clearviewreg](http://www.connection.naviance.com/clearviewreg) to access your account and request transcripts and letters of recommendation from your counselor and teachers.

Effective November 15, 1974, Federal and State Law prohibit the release of pupil records without parent or adult student written authorization. The school cannot release records without this written permission. Ref. New Jersey Administrative Code #6:3-6.1 et seq. states, "Organizations, agencies and persons from outside the school shall have access to pupil records if they have written consent of parent or adult pupil (age 18)". I have read the above statement and pursuant to the law, I hereby authorize the release of a copy of the transcript (school record) concerning the student named above, to the following outside school agencies that bear my signature.

Any other organizations, agencies, and persons from outside the school will have the secure written authorization for the release of such transcripts. A copy of this authorization shall be considered as effective and as valid as the original. In order to ensure the integrity of Clearview Regional High School's permanent records, as a matter of practice, we will not release "official" transcripts directly to students or parent/guardians. If there are extenuating circumstances, the following message will appear on the transcript "This official transcript has been released directly to the parent/guardian."

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If under 18)

\_\_\_\_\_  
Date

**IF UNDER 18, NO STUDENT INFORMATION WILL BE RELEASED WITHOUT PARENT SIGNATURE.**