



Transcript/Recommendation Authorization/Waiver

Please initial the applicable boxes and provide the requested information:

A. TRANSCRIPT AUTHORIZATION

___ I/we request and authorize Archbishop McNicholas High School to forward upon written request of the student, the official transcript of the undersigned named student to all post-secondary education institutions for college admissions, scholarship or other purposes.

B. RECOMMENDATION AUTHORIZATION

___ I/we request and authorize any employees of Archbishop McNicholas High School selected and requested by the student to prepare and forward a recommendation for use in connection with application for admission to post-secondary institutions, for scholarship or other purposes.

C. WAIVER OF RIGHT TO INSPECT AND COPY RECOMMENDATION(S) or
ELECTION TO EXAMINE RECOMMENDATION(S).

___ I/we waive any right under State and Federal Law pertaining to student records and to inspect and copy the confidential recommendations requested. I understand, however, that we are not waiving our right to obtain, upon request, the name of all persons who make confidential recommendations as authorized in section B above.

OR

___ I/we elect to examine the recommendation(s) written by employees of Archbishop McNicholas High School pertaining to the undersigned named students. I/we understand that if this election is made, this request may be disclosed on any such recommendation(s) that the student and/or parent(s) have requested to read.

Student Name (please print)

Student Signature

Date

Parent Signature
(if student is under 18)