

**PLAINEDGE HIGH SCHOOL GUIDANCE DEPARTMENT**

**PLEASE PRINT ALL INFORMATION**

**Transcript Release Form**

_____	_____
Student's Last Name	First Name
_____	_____
Social Security Number	Counselor's Name

I authorize Plainedge High School to send a copy of my high school transcript and other information that is required by the college for admission to any post secondary placement or scholarship as requested.

_____	_____
Student's Signature	Date
_____	_____
Parent's Signature	Date

**Recommendation Waiver Form**

**CONFIDENTIALITY STATEMENT**

The Family Educational Rights and Privacy Act of 1974 grants you the right to review educational records. Letters of recommendation are considered educational records. However, you may waive your right to access if you choose to do so.

I waive my right of access to letters of recommendations written by Plainedge faculty.

_____	_____
Student's Signature	Date

**Discipline Acknowledgement**

Have you ever been suspended Out of School for discipline reasons?

Yes                      No

_____	_____
Student's Signature	Date

**\* Please be consistent with this question on all applications.**