

BLOOMFIELD HIGH SCHOOL
GUIDANCE DEPARTMENT

PARENT'S RELEASE OF PUPIL RECORDS/COUNSELOR WAIVER

Records Release

Federal and State law forbid the release of Pupil Records without permission. Ref.: NJ Administrative Code # 6:3-2.6 states, "Organizations, Agencies, and Persons from outside the School [shall have access to pupil records] if they have written consent of Parents or Adult (age 18) pupils."

I give my permission for Bloomfield High School to release all academic records to colleges, scholarship programs and/or athletic representatives. ***Understand that this form is not a request for transcripts to be sent. All transcript requests MUST be made through Naviance.*** Transcript requests require a minimum of ten (10) school days to process from the date of receipt of this release. This release remains in effect for all future record requests unless a newer release replaces it.

_____	_____
Student Name (Print)	Student ID#
_____	_____
Student Date of Birth	Parent name (Print)
_____	_____
Student Signature (if 18 years or older)	Parent Signature
_____	_____
Date	Date

Recommendation Waiver

Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation
2. You waive your right to access below, regardless of the institution to which it is sent:
 - Yes, I waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 - No, I *do not waive* my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Student Name (print): _____	Student Birth Date: _____
Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____

PLEASE RETURN TO YOUR GUIDANCE COUNSELOR