W.T. WOODSON HIGH SCHOOL

AUTHORIZATION FOR RELEASE OF STUDENT ACADEMIC TRANSCRIPT

Student Name: _____
(Last) (First) (Middle)

Student ID: _____ Date of Birth: _____

I hereby request that Fairfax County Public Schools release the academic transcript for the above student to the following institutions, persons, or agencies. The first three (3) copies for seniors are sent free; thereafter they are **$5.00 each**. Underclassmen pay **$5.00 per** transcript. **Official & unofficial are each $5.00**. Please allow 10 days for processing.

Institution/Person/Agency	Address	Date Given to Counselor	Recom. Req.	College Due Date	Date Released

REMINDER: A MINIMUM OF 10 SCHOOL DAYS REQUIRED BEFORE APPLICATION DEADLINE. REPORTING TEST SCORES IS THE STUDENT'S RESPONSIBILITY (sent directly from the College Board or ACT).

Any disclosure of special educational status, medical situations, family situations, etc. must be disclosed by a parent/guardian, rather than the school.

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you matriculate 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 do waive my right to access, and I understand I will never see this recommendation.
☐ No, I do not waive my right to access and may someday choose to review this recommendation if the institution at which I'm enrolling saves it after I matriculate.

Signature of Parent/Guardian: _____

Signature of Student (18 or over): _____ Date: _____