

## Transcript Release

In accordance with Family Educational Rights and Privacy Act (Public Law #93-380), I authorize Dobbs Ferry High School to release all requested records, so that my application may be reviewed by all institutions and scholarships to which I am applying.

My signature on this form also indicates that I have reviewed my most recent transcript and it is complete and correct.

Name of Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (Please Print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Important Privacy Note: By signing this form, I authorize all high schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by all institutions and scholarships to which I am applying. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former high schools should they have questions about the school forms submitted on my behalf. I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf after matriculating, unless at least one of the following is true: 1. The institution does not save recommendations post-matriculation. 2. I waive my right to access, regardless of the institution to which it is sent: