

Authorization for Release of Records

Montgomery Blair High School
Counseling Office
(301) 649-2810

Last Name _____ First Name _____ MI _____

Student ID# _____ Soc. Sec. # _____ Counselor _____

I authorize the Counseling Department of Montgomery Blair High School to release records to post-secondary institutions, employers, and scholarship programs for the student named above.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If student is not 18 years of age)

Waiver of Right to Review Counselor Recommendation

I hereby waive my right to review the secondary school report and counselor recommendation.

Student Signature: _____ Parent/Guardian Signature: _____

Please Note: This release form needs to be completed only the first time you request a transcript. This form will suffice for the release of pertinent records to all post-secondary institutions and prospective employers. No records will be sent without the completion of this form.

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