

Guidance Office
East Hampton High School
Official Student Release Form

Date _____

East Hampton High School is hereby authorized to release the records of:

Student Name _____
*Last**First**Middle*

to educational institutions, the Armed Forces, prospective employers, college coaches, scholarship sponsors or other agencies as named by the student or parent.

This authorization is limited to the records listed below:

Academic Transcript
Standardized Test Results (CAPT, CMT - not SAT or ACT test results)
Teacher Recommendations
Counselor Recommendations
IEP and Special Education Test Results (*if applicable and requested*)

Parent or Guardian Signature: _____

Student Signature: _____

This information is released on the condition that it will *not* be released to any other person, agency or organization without the written consent of a parent or guardian or the student if he/she is 18 or over.

Periodically we will send out email reminders to your student with important information during the application process. If you would like to receive a copy of the email, please provide your own email below:

Parent email address: _____

Return this form to the Guidance Office.