## **Grant Community High School District 124**

Transcript and Recommendation Request and Waiver

| Please check the applicable boxes and provid A. <u>Transcript Authorization</u>  | e the information requested:   |
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|  | y High School to forward, upon written request of the student, the dent to all post secondary educational institutions for college er purposes.  |
| B. Recommendation Authorization  |  |
| student to prepare and forward a recommendation scholarship agencies, or for other requested purp based upon my/our agreement not to make any of | Grant Community High School selected and requested by the on for use with applications for admission to colleges or universities, poses. I/we understand that this recommendation is being provided claim or file any suit for damages or request financial recovery of l, its officials and other employees related to such recommendation. |
| C. Waiver of Right to Inspect and Copy Reco  | ommendations or Election to Examine Recommendation   |
| I/we waive any right under State and Federal confidential recommendations requested. or  | Law pertaining to student records to inspect and copy the  |
|  | written by employees of Grant community High School pertaining to d that this request to read a recommendation may be disclosed by the   |
| Student name (print) & ID Number   | Parent or Guardian   |
| Student signature  | Parent or Guardian signature   |
| Date   | Date   |

If the student is under 18 years of age, the parent(s) or guardian(s) as well as the student must sign this form. Parent(s)/guardian(s) signature acknowledges consent allowing the release of transcripts and/or recommendations. this signature give the student, who is under 18, authority to request the release of transcripts and/or recommendations to specific colleges or universities, scholarship agencies or for other purposes. Please allow two weeks for processing applications.

Grant Community High School 285 E. Grand Ave. Fox Lake, IL 60020