

**PLAINEDGE HIGH SCHOOL GUIDANCE DEPARTMENT**

**PLEASE PRINT ALL INFORMATION**

**Transcript Release Form**

_____ Student's Last Name	_____ First Name
_____ Social Security Number	_____ Counselor's Name

I authorize Plainedge High School to send a copy of my high school transcript and other information that is required by the college for admission to any post secondary placement or scholarship as requested.

_____ Student's Signature	_____ Date
_____ Parent's Signature	_____ Date

**Recommendation Waiver Form**

**CONFIDENTIALITY STATEMENT**

The Family Educational Rights and Privacy Act of 1974 grants you the right to review educational records. Letters of recommendation are considered educational records. However, you may waive your right to access if you choose to do so.

I waive my right of access to letters of recommendations written by Plainedge faculty.

_____ Student's Signature	_____ Date
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**Discipline Acknowledgement**

Have you ever been suspended Out of School for discipline reasons?

Yes                      No

_____ Student's Signature	_____ Date
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**\* Please be consistent with this question on all applications.**