 TRANSCRIPT AUTHORIZATION – STEP 1

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Do not use CB Email*)

**By signing below, I acknowledge and consent to the following:**

**□** I authorize Central Bucks West High School to release the following to any colleges, NCAA, athletic recruiters, scholarships, and enrichment programs, as needed: *Official Transcripts, Secondary School Report, Recommendations, Mid-year, Final grades,* and the *School Profile*.

**□** I acknowledge that recommendations and Secondary School Reports are confidential and personal in nature. I hereby **waive my right** to view any letters of recommendation at any time.

*Please Note: This Transcript Authorization is only valid for one year starting on July 1, 2025 to July 1, 2026.*

***Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Office received: \_\_\_\_\_\_\_\_\_\_\_\_

Office sent: \_\_\_\_\_\_\_\_\_\_\_\_