



GREECE CENTRAL SCHOOL DISTRICT

ATHENA HIGH SCHOOL

Address • 800 Long Pond Road, Rochester, NY 14612

Mailing Address • P.O. Box 300, N. Greece, NY 14515

Telephone • 585-966-4000 Fax • 585-966-4039

Web Address • www.greececsd.org

AUTHORIZATION TO RELEASE STUDENT RECORDS

Instructions: Submit this form to the College and Career Center. This form and appropriate documents will be submitted to each college, university, the NCAA, or scholarship program to which you apply.

SECTION 1: Student Information

Student Name: _____
Last First Middle Initial

Address: _____
Street City/State Zip Code

Phone Number: _____ **Date of Birth:** ____/____/____

SECTION 2: Transcript Release

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), I give permission for my educational records (including, but not limited to, transcripts and test scores) to be sent to colleges, scholarship programs and the NCAA (if applicable).

Parent/Guardian Signature: _____ Date: _____
(if under the age of 18)

Student Signature: _____ Date: _____

SECTION 3: Letters of Recommendation

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), I give permission for teachers and counselors to write a letter of recommendation in which he/she may reference my educational record. I recognize the confidential nature of the letters and I do I do not waive my right to access my letters.

Counselor: _____ Teachers: _____

Parent/Guardian Signature: _____ Date: _____
(if under the age of 18)

Student Signature: _____ Date: _____