

**Meade high school**  
**WAIVER OF RIGHTS / RELEASE OF RECORDS**

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An understanding exists between colleges and secondary schools that evaluations and recommendations received from high schools are confidential information. The colleges feel that recommendations and evaluations made in this environment and with this understanding are made more candidly and honestly. They therefore have much more validity and carry appreciably more weight in the admissions process than those made in situations where parents and students have access to them.

In light of this information and other related issues, we request that all students/parents requesting letters of recommendation complete the waiver form below. If you choose not to waive your right, a copy of this form will accompany each transcript package.

**WAIVER OF RIGHT TO SEE SCHOOL/TEACHER  
LETTERS OF RECOMMENDATION**

I request that school employee(s) at Meade High School complete a letter of recommendation and other evaluations associated with my college application. I authorize the school to release student information in this letter and other application forms. I do \_\_\_\_ do not \_\_\_\_ (check one) waive all my rights to examine or obtain a copy of the letter(s), rating sheets, and other evaluations.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student Signature Date

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**RELEASE OF RECORDS**

The law requires that schools receive written permission signed by the parent (for any student under 18 years of age) or by the student (if the student is at least 18 years of age) before the school may release any transcripts or records to college and/or other post-secondary schools. We have been advised that a written notice, signed by the legal authority (parent or student as explained above) giving general approval of a release of such information through verbal request of students, will meet the requirements of the law. We recommend use of this procedure in lieu of individual written releases since the general release will facilitate meeting deadlines and thus be in the student's best interests.

*I give approval to have transcripts and the usual school records forwarded to any post-secondary institution when a request to do so is made by my son/daughter:*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

As parent/guardian of \_\_\_\_\_, I authorize the school to release student information from my child's records in its letter(s) of recommendation and other evaluations. I do \_\_\_\_ do not \_\_\_\_ (check one) waive all of my rights to examine or obtain a copy of the letter(s), rating sheets, and other evaluations.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date