

**School Counseling Office
East Hampton High School**

Official Student Release Form

Date _____

East Hampton High School is hereby authorized to release the records of:

Student Name

<i>Last</i>	<i>First</i>	<i>Middle</i>
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to educational institutions, the Armed Forces, prospective employers, college coaches, scholarship sponsors or other agencies as named by the student or parent.

This authorization is limited to the records listed below:

Academic Transcript
Teacher Recommendations
Counselor Recommendations

Parent or Guardian Signature: _____
(if student is under 18 years of age)

Student Signature:_____

This information is released on the condition that it will *not* be released to any other person, agency or organization without the written consent.

This form must be signed and submitted to the Guidance Office before any student records can be released.