

# Current Student (Grades 9-11) Transcript Request Form

James W Robinson High School CEEB Code: 470789



Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Current Grade Level/Grad Yr: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

Person Requesting & Relationship: \_\_\_\_\_ Contact Phone & Email: \_\_\_\_\_

## CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

**Instructions for Use:** This form is to be used by parents and/or guardians or students aged 18 or older to authorize FCPS to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once.

By my signature below, I authorize FCPS to release to schools or organizations identified on the student's school transcript request form any school records or other information requested by the school or organization in support of my application. This may include, but is not limited to, transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials.

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the Common Application, Naviance Student, Coalition for College, and other services utilized by FCPS.

I understand that I am authorizing FCPS to send data to the colleges, scholarships and other organizations listed on my transcript request form, typically via an electronic portal. When submitting my data electronically, FCPS will use the correct portal where the browser displays the padlock icon to indicate that the data is encrypted to the website. I acknowledge I am responsible for understanding the college's or organization's terms and privacy policy of how they will store, retain and use this prior to consenting to such release.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, however, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

Yes, I waive my right to review or have copies of any letters of recommendation written by FCPS employees

No, I do not waive my right to review or have copies of any letters of recommendation written by FCPS employees. My signature below confirms that I have read and understand this consent form. I understand that this authorization will remain in effect until I withdraw this authorization in writing.

Note: Both the parent and/or guardian and student are required to sign this form for students under age 18. Parent and/or guardian signature is not required, however, if the student is aged 18 or over or is attending a postsecondary school.

(Form - IS-111)(7/23)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if student is not 18)

Name of Student and FCPS ID # \_\_\_\_\_

| <u>Print Neatly or Type Reason for Transcript:</u><br>Name of College/Scholarship/Organization<br>Street Address City, State, Postal Code <b>AND/OR</b><br>Email address <b>AND/OR</b><br>Portal Link | Deadline Date | Any Specific Request Information | How Transcript Delivered?                                                                                                                                                                                                                                                                                                               | Student Services Use Only          |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
|                                                                                                                                                                                                       |               |                                  |                                                                                                                                                                                                                                                                                                                                         | Date Submitted to Student Services | Date Submitted /Mailed by RBSS |
|                                                                                                                                                                                                       |               |                                  | <input type="checkbox"/> Please use provided portal link in 1 <sup>st</sup> column<br><input type="checkbox"/> Please use provided email address in 1 <sup>st</sup> column<br><input type="checkbox"/> Please mail to provided mailing address in 1 <sup>st</sup> column<br><input type="checkbox"/> I will pick up at Student Services |                                    |                                |
|                                                                                                                                                                                                       |               |                                  | <input type="checkbox"/> Please use provided portal link in 1 <sup>st</sup> column<br><input type="checkbox"/> Please use provided email address in 1 <sup>st</sup> column<br><input type="checkbox"/> Please mail to provided mailing address in 1 <sup>st</sup> column<br><input type="checkbox"/> I will pick up at Student Services |                                    |                                |
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