TRANSCRIPT & RECOMMENDATION RELEASE

Print Student Name:

Parent/Guardian Signature:



Both sections must be signed for any submission of an official transcript or submission of counselor/teacher recommendations

2019-2020 TRANSCRIPT RELEASE

The official transcript reports courses and grades earned beginning in the student's freshman year of secondary school (whether Parkway North or a previous school) as well as summer school and correspondence courses. The transcript also includes an accumulative grade point average (weighted and unweighted).

PARKWAY

When requested, standard test scores are also included with the transcript. Parkway North includes all ACT and SAT results. *Most colleges require SAT and/or ACT scores be sent directly from the testing company to the college.

HIGH SCHOOL

12860 FEE FEE ROAD ST LOUIS MO 63146 314-415-7600

give my permission	n for the Counseling Offic	e to send my official	i Parkway North H	igh School	transcript to
any college, univers	ity, or scholarship program	n I request throughou	ut the 2019-2020 s	chool year.	

Date: _____

GUIDANCE DEPARTMENT

Student Signature: _____

314-415-7615 FAX: 314-415-7620

PAUL ARTHUR

CHANDRA BROWN

JAMESELL KEE LINDSAY KERLIN

COUNSELORS

STEPHANIE BLUESTEIN

COLLEGE AND CAREER COUNSELOR

2019-2020 COUNSELOR/TEACHER RECOMMENDATION WAIVER

Sign the waiver below, regarding any letters of recommendation or secondary school reports. By waiving your right, "you allow the college specialist and teachers to write a complete assessment of your performance and abilities". If you "waive your right" on this form (Waiving your right lets colleges know that you do not intend to read your recommendations, which helps reassure colleges that the letters are candid and truthful. Colleges encourage you to do so), you should also "waive your right" on any college applications you complete.

MARLENE ZITZA

GUIDANCE

COORDINATOR

ALYSSA HERRERA

SOCIAL WORKER

If a college or university asks about suspensions/discipline, we will disclose any out-of-school suspensions and/or other serious infractions. It is in your best interest to self-disclose these infractions when asked on the application. Please contact Stephanie Bluestein if you have any questions or concerns.

As conferred by the Family Educational Rights and Privacy Act of 1974, I recognize the confidential nature of the teacher and/or college specialist letter of recommendation and

CAITLIN TRITCH

CARE COORDINATOR

I do	do not	waive my rights to acco	ess contents of all the letters of recommendation.
I uo	uo not	waive my rights to acce	ess contents of an the letters of recommendation.

Student Signature:	Date:	_
Parent/Guardian Signature:	Date:	