

Marple Newtown High School  
Counseling Department  
120 Media Line Rd  
Newtown Square, PA 19073  
610-359-4240/4279

Authorization for Release of Transcript  
(Please Print)

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Email: \_\_\_\_\_

**Authorization Statement**

I authorize the Marple Newtown High School Counseling Department to send an official transcript to all colleges and/or programs to which my child applies. This will include the mid-year report to all colleges applied to and the final transcript to the college they plan to attend. (Please note: You will need to notify the Counseling Department which schools require a mid-year report and final transcript.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student (if over 18 years of age)

Date \_\_\_\_\_

Date \_\_\_\_\_

**FERPA – the Family Education Rights and Privacy Act**

**1. How does FERPA relate to your college application?**

FERPA gives you the right to review confidential letters of recommendation under certain circumstances IF:

- You are enrolled in college and that college saves the recommendations for enrolled students,  
OR
- You are 18 or older.

**2. Do you want to waive this right and why would you want to do that?**

- 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.
- Some recommenders may refuse to write a letter for you unless you waive your rights.

☐ **I wish to waive my FERPA rights. Your signature below indicates that you have waived the right to review any recommendation letters written on your behalf by the faculty/staff of Marple Newtown School District.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student (if over 18 years of age)

Date \_\_\_\_\_

Date \_\_\_\_\_