

HARFORD COUNTY PUBLIC SCHOOLS (HCPS)

HCPS requests that all students/parents seeking letters of recommendation or a release of transcripts, SAT/ACT scores, student's name/address/phone number, and social security number complete and return the waiver form below to the counseling office. This request is made in order to facilitate full and thorough letters of recommendations or similar types of documents. **IF YOU CHOOSE NOT TO WAIVE YOUR RIGHT, A COPY OF THIS FORM WILL ACCOMPANY EACH TRANSCRIPT PACKAGE.**

## Waiver of Right to Inspect or Obtain a Copy of School/Teacher Letters of Recommendation

I request that school employee(s) at **C. Milton Wright High School** complete a letter of recommendation and/or 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 only one) waive all my rights to examine or obtain a copy of any such letter(s), rating sheets, and other evaluations.

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

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

\_\_\_\_\_  
Date

As parent or 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 only one) waive all my rights to examine or obtain a copy of the letter(s), rating sheets, and other evaluations.

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

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

\_\_\_\_\_  
Date