



# NORWALK HIGH SCHOOL COUNSELING DEPARTMENT

23 Calvin Murphy Drive Norwalk, CT 06851

Tel: (203) 838-4481

Fax: (203) 899-2815

## WRITTEN PARENTAL CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

**\*\*\*No transcript or requested documents will be sent without the return of this form\*\*\***

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), information from a student's educational record cannot be shared with a third party without signed permission from the parent/guardian of that student.

Please complete and sign below if you grant permission for the requested items to be forwarded to the institutions to which your son/daughter or ward may be applying.

Per my signature below, I hereby authorize that the Norwalk High School Counseling Department and teaching staff have my permission to release to colleges, other postsecondary institutions, employers and applicable scholarship committees any relevant information from my child's academic record. The requested items shall include but are not limited to transcript, secondary school report, recommendation(s) and student grade reports. I understand that every request made on behalf of my child will activate this release.

----- Student's FIRST Name	----- Student's LAST Name	-----/-----/ Student's Date of Birth
----- Parent/Guardian's FIRST Name	----- Parent/Guardian's LAST Name	----- Relationship to student
----- Parent/Guardian Signature		-----/-----/ Today's date

**NOTE TO PARENT:** Upon completion, please have your child immediately return this form directly to their School Counselor.

**\*\*\*AUTHORIZATION TO BE RECORDED IN NAVIANCE UPON RECEIPT\*\*\***