PLEASE ALLOW 1 MONTH FROM DATE OF REQUEST FOR PROCESSING
BROOKLINE HIGH SCHOOL
Department of Pupil Support Services

<u>**Request for Release of Records for Seniors**</u>

STUDENT INFORMATION   Counselor: _____

( ) Male   ( ) Female

_____
Last Name   First Name   Middle

_____
Student's Home Address (Number and Street - Include Apartment Number, if applicable)

_____
Name of Parent/Guardian and Address (if different from student's address)

BROOKLINE HIGH SCHOOL IS RESPONSIBLE FOR SENDING THE FOLLOWING:
Official Transcript
Guidance Counselor's School Report
School Profile

STUDENTS ARE RESPONSIBLE FOR THE FOLLOWING:
- **At least ONE month before the application due date, providing guidance counselors with ONE, stamped, addressed envelope per college. Please use Brookline High School Guidance Department, 115 Greenough Street, as the return address. NO HOME ADDRESS.**
- **Sending test scores directly from The College Board and/or ACT to all institutions & programs. (The Guidance Department will not send test scores to colleges or programs.)**
- **Enter College List into Naviance, update student profile with acceptances/denials**
- **Sending Teacher Recommendations directly to colleges. Ask your teacher for his/her preference for envelopes.**
  THERE IS A $5 ASSESSMENT FOR EACH PACKET SENT AFTER THE FIRST 10 APPLICATIONS. A check must be made payable to: BHS Guidance.

I have reviewed my transcript and find it complete and accurate to the best of my knowledge. I have also read the above and agree to the conditions set forth.   I hereby give permission to release my records to the institutions and/or programs below:

_____   _____
Signature of Student   Date

Date of Request	ED	EA	DUE DATE REQUIRED	SEND TO Name of College/Program, Address & Zip Code	Date Sent	Initials	1st Qtr Grades	Mid-Yr Grades	Final Grades

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