

SOUTH WINDSOR HIGH SCHOOL
ACADEMIC RECORDS REQUEST FORM
PLEASE ALLOW 10 SCHOOL DAYS TO PROCESS

Email to swbscounseling@swindsor.k12.ct.us

Student Name: _____ Date Received (School Counseling Office Use Only) _____

Counselor: _____

Name(s) of teacher(s) you asked for a Letter of Recommendation: (1) _____ (2) _____

Are you requesting a Letter of Recommendation from your Counselor? ____ Yes ____ No

Your applications **cannot** be processed until **you** have:

1. Submitted your completed application and payment to each college/program
2. Completed the FERPA waiver within your Common Application and “matched” your Common Application account with your Naviance account (if using Common Application)
3. Sent your SAT/ACT/Subject Test scores directly to each college from your College Board/ACT account (if school requires scores to be sent)
4. Communicated with the SWHS teachers that you listed above about writing your letter of recommendation **and** submitted an official request to each of teacher within Naviance?
5. Completed your Resume, Senior Brag Sheet, and Parent Brag Sheet on Naviance? *(Counselors require these forms prior to writing a letter of recommendation)*

SUBMISSION METHOD (Must Check One)

College/Program Name (with City and State)	Common Application	College Online Application	Paper Application	*App Type	Application Deadline	Teacher Recommendations to Send (list names)

*Application Type: Please indicate Early Decision (ED), Early Action (EA), Regular Decision (RD), Rolling (R), Open (O), etc.

I give my permission for South Windsor High School to release my child’s current and future grades, transcript and teacher and counselor recommendations to the institutions listed above. If I want any of the above information withheld from any institution/program, I will submit an accompanying request.

Parent/Guardian Signature _____ Date _____