



2024-2025
Release of Records Student/Parent Authorization

Student Name: _____
(Please print your name clearly)

Major: _____
(If unsure, list multiple majors you are considering)

By signing below, I acknowledge and consent to the following:

I give permission to Central Bucks East to release the following records to colleges, NCAA, scholarships, and enrichment programs, as needed: Official Transcripts, Secondary School Report, recommendations, Mid-year and final grades and School Profile.

I am aware that all requests require a minimum of **15**