



# Parry McCluer High School

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100 Bradford Drive, Buena Vista, Virginia 24416 (540)261-2127 Fax (540)261-1828

## **PERMISSION TO SEND ELECTRONIC TRANSCRIPT**

STUDENT NAME: \_\_\_\_\_

Parry McCluer High School uses electronic transcripts. All transcript requests will be made and serviced through **Parchment** free of charge to students.

For those colleges that do not accept electronic submissions, Parry McCluer High School will mail those transcripts on your behalf via the USPS.

In order to create an account with **Parchment** and request an official transcript (for colleges, scholarships, or other use) the student must have a parent signature of file.

### **By Signing below,**

\_\_\_\_ I hereby authorize Parry McCluer High School to release information necessary for completion of a recommendation, including information concerning my child's educational records, and any other information requiring consent under the Family Educational Rights and Privacy Act (FERPA, Public Law 93-380) or any other law. I understand that this release allows use of this information for legitimate interests only.

\_\_\_\_ I understand that a letter or recommendation or recommendation form may be an educational record under FERPA which my child might have a right to review and inspect. However, by requesting completion of this recommendation, I hereby waive my right to access to the letter written on my behalf/my child's behalf. I understand that Parry McCluer High School does not maintain copies of letters of recommendation or recommendation forms as part of a student's educational file.

\_\_\_\_ I consent to the fulfillment of any official transcript request for my student through Parchment.

\_\_\_\_ I consent to any request for a letter of recommendation at any time for my student, including the completion of a Secondary School Report or other School Report for colleges, scholarships, or other use.

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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