

Student Name \_\_\_\_\_

Counselor \_\_\_\_\_

**Records Release Form  
Class of 2019**

**Please be sure to complete this form entirely, by indicating the correct information in each column.**

Name of College	Reg/ED/EA REA (Restrictive) SCEA (Single Choice EA)	Common Application	Non-Common Application	Coalition Application	Mail	Due Date
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____
_____	_____	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	_____

By signing below, you are giving the Manhasset High School Counseling Office permission to release the following documents to the schools indicated above: your 6 semester high school transcript, counselor letter of recommendation, 1<sup>st</sup> quarter grades (**if required only**) mid-year report card, final senior transcript and the Manhasset High School Profile for 2018-2019. **Please sign and date below.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Guidance Office Use Only**

**Date Received** \_\_\_\_\_  
**Please see the reverse side of this form.**

**Date Sent** \_\_\_\_\_

## College Application Procedures (Please Read Carefully)

- Requests for ED/EA/REA and SCEA applications must be received at least two (2) weeks prior to their due date.
- Requests for records to be delivered to colleges by January 1<sup>st</sup> 2019, must be received in our office by December 14, 2018. Please keep in mind that the Counseling Office is CLOSED during the Holiday Recess.
- This form must be submitted directly to a member of the Counseling Office clerical staff. Forms left in a counselor's mailbox, or on the counter in the office, will be returned to the student.
- Requests to submit additional applications after this form has been submitted, must be accompanied by another Record Release Form.
- The Counseling Department does not send SAT or ACT scores to colleges. Official scores must be sent directly from the College Board or the ACT.
- For teachers who will mail in their letter of recommendation, you must provide them with stamped, addressed envelopes for each school to which you apply.
- Please let us know about any/all application decisions received from the colleges to which you apply.
- **Important Information:** MHS CEEB Code: 333010  
School Address: 200 Memorial Place, Manhasset NY 11030  
Office Phone: (516) 267-7610  
Office Fax: (516) 267-7621  
Counselor email addresses:
  - danielle\_cerulli@manhassetsschools.org (516)267-7615
  - kcosenza@manhassetsschools.org (516)267-7620
  - marcy\_fogel@manhassetsschools.org (516) 267-7619
  - jlandman@manhassetsschools.org (516) 267-7616
  - lori\_margulies@manhassetsschools.org (516)267-7632
  - kristen\_ruthkowski@manhassetsschools.org (516) 267-7624