

Bethesda – Chevy Chase High School
AUTHORIZATION FOR RELEASE OF RECORDS
Registrar

STUDENT NAME : _____ , _____
LAST FIRST

STUDENT ID # GRADE

I authorize the Counseling Department of Bethesda – Chevy Chase High School to release my child's records to all requested colleges, universities, private schools, summer programs, and scholarship competitions.

SIGNATURE OF PARENT / GUARDIAN PRINTED NAME OF PARENT / GUARDIAN DATE