

Instructions for the Release of Educational Records and Letters of Recommendation

Instructions for Releasing Educational Records

Connections Academy will provide educational records, including official high school transcripts, class rank, and test scores to third parties (e.g., post-secondary institutions, scholarship committees, potential employers) *only with prior written approval* from the student's parent(s), legal guardian(s), a student aged 18 or older, or any other Eligible Student. Requests for the release of records should be made by completely filling out the following sections of this form: Student and School Information; Institution Release Information; and Signature of Parent/Legal Guardian or Eligible Student. You only need to fill out the Recommendation Release Information section if you will be requesting letters of recommendation from Connections Academy staff members. For more information on letters of recommendation, review the instructions listed below. **To ensure that application deadlines are successfully met, we require at least 10 working days for requests to provide educational records.**

Please review the High School Class Rank section below for more information about the calculation of Class Rank. Also note that class rank is only calculated twice a year.

Instructions for Completing the Digital Signature

This form can be filled out and sent to Connections Academy, or it can be filled out and submitted electronically. If you choose to fill out the form electronically you will first have to download this document. Please follow the Instructions for Releasing Educational Records to complete the form, check the digital signature confirmation box, and then save to your desktop. Next you will upload the completed form to the College Admissions Overview Data View and type your name in the Caretaker's digital signature to release records text box and the date into the Date Signed text box.

Instructions for Obtaining Letters of Recommendation from Staff Members

This form should also be used to authorize Connections Academy staff members to write a letter of recommendation for the listed student. To do so, you must fill out all sections of the form. If you are not sure who will write the letter of recommendation for the listed student or you want to authorize all Connections Academy staff members to write a letter of recommendation for the listed student, check the **Any Staff Member** box in the Recommendation Release Information section. If you know the names of the staff members who will write a letter of recommendation for the listed student, check the **Specific Staff Member** box and enter the name(s) of the staff member(s). If you select the latter option, it will prohibit any other staff members who are not listed from writing a letter of recommendation for the student. **You are responsible for asking particular staff members to write a letter of recommendation for the student.** **To ensure that application deadlines are successfully met, we require at least 30 days for requests to obtain a letter of recommendation.**

Submit all completed forms to your school's counselor by email, digital upload, fax, or mail. Contact your school's counselor with any questions.

Note about High School Class Rank

Connections Academy will calculate the class rank for each high school student two times per year, shortly after the conclusion of each semester. Students who have not yet successfully completed any high school courses for credit directly from Connections Academy will be excluded from the class rank calculation.

For the purposes of calculating the class rank, the student's cumulative Grade Point Average (G.P.A.) will be used, which may include weighted grades for Honors or Advanced Placement courses. Courses transferred in from other accredited institutions will also be included in the class rank as long as there is a grade assigned for that course.

Students whose class rank rounds off to the same number will be considered tied and will receive the same class rank. The ranking will compare students within the same grade level at the same school. Students should check their State-Specific Handbook Supplement, located in the Virtual Library, to see if class rank is automatically included on the transcript or if it must be requested separately.

Authorization to Release Educational Records and Letters of Recommendation

Student and School Information

Complete this section with the name of the student whose records shall be released and the name of the school releasing the selected records.

Student's Last Name First Name Middle Name Connections Academy School

Recommendation Release Information

Complete this section if you want a Connections Academy staff member to write a **letter of recommendation** for the listed student.

Who do you want to write a letter of recommendation for the above-listed student? (Check all that apply)

- Any Connections Academy staff member Only specific Connections Academy staff members (List all)

What is the purpose of the recommendation? _____

Institution Release Information

Requestor Information


Student's Last Name First Name Middle Name County

Street Address City State ZIP Code

Home Phone Work Phone Mobile Phone

Is the student the requestor? Yes No (If no, what is the Requestor's relationship to the student? _____)

Records Requested

Please make sure to review your student's transcript in Connexus before requesting for it to be sent to an outside institution. You can access the transcript by going to the student's Grade Book () and then click on **High School Transcript** at the top left of the screen. If you have questions or concerns regarding the transcript please contact your school's counselor.

What records do you request? (Check all that apply) School Transcript Other: _____

Please release the above-checked information to: (Check one)

- ALL** colleges, universities, military institutions, scholarship committees, other programs, and/or potential employers to which I apply as listed in the corresponding Data Views.
- ONLY** colleges, universities, scholarship committees, other programs, and/or potential employers listed below
- ONLY** Armed Service of the United States listed below
- ONLY** Militia of the state listed below

Student's Last Name	First Name	Middle Name	Connections Academy School
---------------------	------------	-------------	----------------------------

Record Destination(s)

Destination 1: Name of School or Agency	County
---	--------

Street Address	City	State	ZIP Code
----------------	------	-------	----------

Send on date	Send to the attention of	# of Transcripts
--------------	--------------------------	------------------

Destination 2: Name of School or Agency	County
---	--------

Street Address	City	State	ZIP Code
----------------	------	-------	----------

Send on date	Send to the attention of	# of Transcripts
--------------	--------------------------	------------------

Destination 3: Name of School or Agency	County
---	--------

Street Address	City	State	ZIP Code
----------------	------	-------	----------

Send on date	Send to the attention of	# of Transcripts
--------------	--------------------------	------------------

Signature of Parent/Legal Guardian or Eligible Student

For this form to be valid, it must be signed by the student's parent/legal guardian or the student, if he or she is eligible.

By signing below, I, the undersigned, in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), hereby authorize the above-listed counselor or staff member to complete the attached college/university application(s) or other applications in which he/she may reference the educational records and information that are selected above.

By signing below, I, the undersigned, understand further that (1) I have the right not to consent to the release of my education records and (2) that this consent shall remain in effect until revoked by me, in writing, and delivered to the above-listed school, but that any such revocation shall not affect disclosures previously made by the above-listed school prior to the receipt of any such written revocation.

Last Name	First Name	Middle Name
-----------	------------	-------------

Signature	Date	Phone Number
-----------	------	--------------

I understand that in checking this box I that I have entered my name into the Caretaker's digital signature to release records field on the data view.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.