

William H. Hall High School
School Counseling Department
975 North Main Street
West Hartford, CT 06117
Phone (860) 232-4561 Fax (860) 929-5127

**PERMISSION TO
RELEASE RECORDS
AND/OR TRANSCRIPTS**

Name of Student: _____ Grade: _____

I hereby give permission to Hall High School to release the following:

Data requested by colleges, other school systems, and scholarship organizations which may include the following:

- Transcript
- Letter(s) of recommendation
- Health/immunization

Signed: _____
Signature of Parent or student (if you are 18 or older)

For students receiving accommodations under the public act for Individuals with Disabilities Education (IEP or 504 plan):

I do ____ or do not ____ (check one) give permission for my school counselor to release information related to my disability in their recommendation letter to colleges.