

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), or Eligible Student (a student aged 18 or older or legally emancipated).

Requests for the release of records should be made by completing the following sections of the form:

- Student and School Information
- Institution Release Information
- Signature of Parent/Legal Guardian or Eligible Student

If you are not requesting letters of recommendation, you do not need to complete the *Recommendation Release Information* section. See below for letters of recommendation instructions.

NOTE: To ensure that application deadlines are successfully met, we require at least 10 working days for requests to provide educational records.

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). In addition to completing this section of the form, it is good practice to also alert your chosen specific staff member(s) via WebMail that you are requesting a letter of recommendation. If you select "Specific Staff Members" it will prohibit any other staff members who are not listed from writing a letter of recommendation for the student.

NOTE: To ensure that application deadlines are successfully met, we require at least 30 days for requests to obtain a letter of recommendation.



Instructions for submitting the form:

The completed form may be printed and sent to your School Counselor either by email, US Mail, or fax. It may also be completed and submitted electronically (see instructions below). **Contact your School Counselor with any questions.**

To complete this form electronically:

- Complete the form, including checking the "digital signature confirmation" box in the *Signature of Parent/Legal Guardian or Eligible Student* area of the form.
- Save the document to your device.
- In the Release Ed Records and Letters of Recommendation Data View:
 - Upload the form by clicking "Add Files".
 - o Type your name in the "Caretaker's digital signature to release records" text box.
 - Type the date into the "Date Signed" text box.
 - o Click "Save and Finish".

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 purpose 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 if 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

Complete this section with the name of ecords.	of the student whose recor	ds shall be released and the name o	f the school releasing the selected	
Student's Last Name	First Name	Middle Name	Connections Academy School	
ommendation Release Information	1			
Complete this section if you want a C	onnections Academy staff	member to write a letter of recom n	nendation for the listed student. Wh	no d
ou want to write a letter of recomme	endation for the above-liste	ed student?		
Any Connections Academy	staff member			
Only specific Connections A	cademy staff members (Lis	st all)		
What is the purpose of the recommen	ndation (for example: colle	ge application, scholarship, personal	l/employment reference)?	
tution Release Information Requestor Information				
Student's Last Name	First Name	Middle Name	County	
Street Address	<u></u>	iity	State ZIP Code	
Home Phone	Work Phone	Mobile Phone		
Is the student the requestor?	Yes [No (I	f no, what is the Requestor's relation	ship to the student?	
institution. You can access the ti	ranscript by going to the st	son Online Classroom before reque udent's Grade Book (🍣) and then c ing the transcript please contact you	lick on <u>High School Transcript a</u> t the	top
What records do you request? (C	heck all that apply)	School Transcript	Other:	
Please release the above-checked	information to: (Check on	e)		
as listed in the correspon ONLY colleges, universiti	nding Data Views.* es, scholarship committee he United States listed belo	s, other programs, and/or potential e	and/or potential employers to whice	ih I a



Student's Last Name	First Name	Middle Name	Conne	Connections Academy Schoo	
Record Destination(s)					
Destination 1: Name of School c	r Agency		County		
Destination 1 Street Address	City		State	ZIP Code	
Send on date Send to the	attention of			# of Transcripts	
Destination 2: Name of School of	r Agency		County		
Destination 2 Street Address	City		State	ZIP Code	
Send on date Send to the	attention of			# of Transcripts	
Destination 3: Name of School of Destination 3 Street Address	r Agency City		County	ZIP Code	
	City		State		
Send on date Send to the				# of Transcripts	
ure of Parent/Legal Guardian of this form to be valid, it must be s	r Eligible Student gned by the student's parent/legal gu	uardian or the Eligible Stude	nt.		
	ne Family Educational Rights and Privac ersity application(s) or other application re.				
this consent shall remain in effect	v consent for the release of records is vol until revoked by me, in writing, and del ure previously made by the above-listed	ivered to the above-listed scho	ool(s), but should	l withdraw my consent,	
Name	Fi	irst Name	Middle	Name	

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.