

WALTER JOHNSON HIGH SCHOOL

6400 Rock Spring Drive
Bethesda, MD 20814
Telephone: 240-740-6900
FAX: 301-571-6954

School Counseling Services

Authorization for Release of Student Records

(Return this form to Ms. Evans in the Career Center one time before you begin the application process!)

Name (print clearly) _____
(first) (last)

I authorize the Walter Johnson High School Counseling Department to release records to requested post-secondary institutions or prospective employers for the student named above.

Signature: _____ Date: _____
(Parent/Guardian signature if student is under 18)

Waiver of Right to Review Counselor Recommendation

I hereby waive my right to review the secondary school report and counselor recommendation.

Student Signature: _____ Parent Signature: _____

Please note: This form needs to be completed only the first time you request a transcript. One release form will suffice for the release of pertinent school records to all post-secondary institutions and prospective employers. **NO RECORDS WILL BE SENT WITHOUT THE COMPLETION OF THIS FORM**

Imani Ladson, Resource Counselor
Dennis Reynolds, Counselor
Jamie Reed, Counselor
Christine Keller, Counselor
Lisa Sorensen, Counselor
Ashley Weddle, Counselor
Hawa Magona, Counselor
Lynn Jarosi, Counselor
James Stradley, Counselor
Laura Drummey, Counselor
Heather Dodge, Counselor
Benjamin O'Hara, Counselor

Paulina Bamdad, Counseling Services
Maria Aliaga, Registrar
Gayle Evans, College and Career Information Coordinator
Antonia Dentes, Dual Enrollment Program Assistant
Audrey Weissberg, Transcript Secretary
Karina Guzman, Counseling Services