



## Instructions for the Release of Educational Records and Letters of Recommendation

**Note:** To ensure that application deadlines are successfully met, we require at least 10 working days for requests to provide educational records, and 30 days for a Letter of Recommendation.

### Instructions for Releasing Educational Records

Reach Cyber Charter School 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.

Request Release of Records by completely filling out the following sections of this form:

- Student and School Information
- Recommendation Release Information – **Only complete this section if you are requesting Letters of Recommendation from Reach Cyber Charter School staff.** Please review “Instruction for Obtaining Letters of Recommendation from Reach Staff” below.
- Requester Information
- Signature of Parent/Legal Guardian or Eligible Student

### Instructions for Obtaining Letters of Recommendation from Reach Staff

This form should be used to authorize Reach Cyber Charter School 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 Reach Cyber Charter School 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.**

### High School Class Rank

Reach Cyber Charter School will calculate the class rank for each high school student twice per year, shortly after each semester ends.

- Students who have not yet successfully completed any high school courses for credit directly from Reach Cyber Charter School will be excluded from the class rank calculation.
- To calculate 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 provided 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.

Print, complete and sign the two–page form that  
begins on the next page

and submit it to your counselor, or

Email it as an attachment to

[Reach\\_Counseling@reachcyber.org](mailto:Reach_Counseling@reachcyber.org)



# Authorization to Release Educational Records and Letters of Recommendation

## Student and School Information

Complete this section for the student whose records shall be released.

\_\_\_\_\_  
Student's Last Name                      First Name                      Middle Name                      Reach Student ID No.

Date of Birth: \_\_\_\_\_

## Recommendation Release Information

Complete this section only if you want a Reach Cyber Charter School staff member to write a **letter of recommendation** for the student listed above. (You will have to request the Letter of Recommendation from the Staff Members directly in addition to completing this form.)

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

Any Reach School Staff Member     Only Those Specific Reach School Staff Members Listed:

\_\_\_\_\_

State the purpose of the recommendation? \_\_\_\_\_

## 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? \_\_\_\_\_

What records do you request? (Check all that apply)

- School Transcript
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Please release the above-checked information to all destinations listed on the next page.**



# Authorization to Release Educational Records and Letters of Recommendation Cont'd

## Record Destination(s)

### Destination 1:

\_\_\_\_\_  
Name of School or Agency County \_\_\_\_\_

\_\_\_\_\_  
Street Address City State ZIP Code \_\_\_\_\_

Date Needed By: \_\_\_\_\_ To the Attention Of: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

### Destination 2:

\_\_\_\_\_  
Name of School or Agency County \_\_\_\_\_

\_\_\_\_\_  
Street Address City State ZIP Code \_\_\_\_\_

Date Needed By: \_\_\_\_\_ To the Attention Of: \_\_\_\_\_ # of Transcripts \_\_\_\_\_

### Destination 3:

\_\_\_\_\_  
Name of School or Agency County \_\_\_\_\_

\_\_\_\_\_  
Street Address City State ZIP Code \_\_\_\_\_

Date Needed By: \_\_\_\_\_ 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 \_\_\_\_\_

**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.**