



# CLEAR BROOK HIGH SCHOOL

## CLEAR CREEK INDEPENDENT SCHOOL DISTRICT

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Michelle Buckley

### Written Consent of Parent or Legal Guardian for Release of Transcript

I, \_\_\_\_\_, as parent/legal guardian/student for \_\_\_\_\_ (hereinafter the "student"), hereby give permission to officials of Clear Brook High School to release my student's transcript to Clear Brook High School coaches and college or university recruiters upon request.

The education records governed by this waiver shall include the transcript only. The purpose of these disclosures shall be for recruiting purposes only. I understand that I may revoke this authorization at any time by providing my signed written notice to the appropriate Clear Brook High School officials. Absent such notice, this authorization shall expire at the end of the 2021-2022 academic school year.

I acknowledge that this form constitutes my written consent to release my student's transcript that are protected under the federal Family Educational Rights and Privacy Act (FERPA) and state law governing the confidentiality of student records and personally identifiable information contained in such records. I certify that I am the parent or legal guardian of the student and that I have authority to execute this document regarding the student's education records.

I \_\_\_\_\_,  
student name

give permission to officials of Clear Brook High School to release my transcript to Clear Brook High School coaches and college or university recruiters upon request.

\_\_\_\_\_  
Signature of Parent/Guardian      Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Student      Date

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Parent/Guardian Telephone Number