

***Don't Forget the SPECIAL DEADLINES**

(Please turn your forms in to your counselor on time if you want a counselor recommendation written.)

IF TRANSCRIPT IS DUE AT THE COLLEGE ON:

November 1
November 15
December 1
January 1 & 15

REQUEST IS DUE TO YOUR COUNSELOR BY:

October 2
October 16
October 31
November 20

PRINT NEATLY: Name of College, Scholarship, Special Program, Employer, DACA, DMV, etc. <i>Include Complete Mailing Address</i>						FOR OFFICE USE ONLY					
						Date entered into Naviance		FEE PAID Cash Or Check	Date Received and Mailed or Electronically Sent		
Do they accept eDocs? CA? mailonly	Counselor Letter needed?	Due Date	Pick one: Early Action Early Decision Rolling Regular	Transcript Office	Counselor						
4	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs CA Mail				EA ED Rolling Regular			R_____	M_____	E_____
5	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs CA Mail				EA ED Rolling Regular			R_____	M_____	E_____
6	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs CA Mail				EA ED Rolling Regular			R_____	M_____	E_____
7	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs CA Mail				EA ED Rolling Regular			R_____	M_____	E_____
8	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs CA Mail				EA ED Rolling Regular			R_____	M_____	E_____
9	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs CA Mail				EA ED Rolling Regular			R_____	M_____	E_____



CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

Instructions for Use: This form is to be used by parents and/or guardians and students aged 18 or older to authorize Fairfax County Public Schools (FCPS) to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once. The student, parent and/or guardian will use a separate form, your school’s transcript request form, to identify all schools and organizations to which records may be sent.

CONSENT

By my signature below, I authorize FCPS to release to any school or organization identified by me on my school’s transcript request form any of my school records or other information about me that is requested by the school or organization in support of my application. This may include, but is not limited to, my transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials.

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the National Collegiate Athletic Association Eligibility Center, Common Application, Naviance, and/or Family Connection, Coalition for Access, Affordability, and Success, and other services approved by FCPS.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, however, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

If an application requires or requests a student's social security number (SSN), FCPS staff members should not enter the student's SSN on his or her behalf.

Yes, I waive my right to review or have copies of any letters of recommendation written by FCPS employees.

No, I do not waive my right to review or have copies of any letters of recommendation written by FCPS employees.

My signature below confirms that I have read and understand this consent form.

Note: Both parent and/or guardian and student are required to sign this form. Parent and/or guardian signature is not required, if the student is aged 18 or over and attending a postsecondary school.

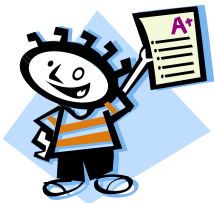
Name of Student (Please print)

Student ID

Date

Signature of Student

Signature of Parent and/or Guardian (If student is under 18)



SELF EVALUATION

Name: _____

Email: _____

Cell Phone Number: _____

It is important that you answer all the questions. The more information you provide, the more complete your recommendation will be. Please write in or type your responses on a separate sheet and turn in with your transcript request package.

This is no time to be modest. You need to sell yourself (Look at me!!!..Look at me!!!). You are painting a picture of yourself for the colleges and the jobs YOU want! So use rich and vibrant language - this is YOU we're talking about, remember?

1. Three adjectives that best describe me are:

_____, _____, _____

And here's why:

2. What is the most satisfying course you have taken? _____

Why:

3. Career Interests _____

- a. What is something you may have done towards your career path while in school?

4. Possible major (s) in college _____

5. Are you the first in your family to attend college? YES NO

6. Describe your strengths as a student?

7. Something that would surprise people about me (can be humorous or serious):

8. Describe an accomplishment of yours of which you are very proud:

9. What is one obstacle you have overcome, and how did you do it:

10. In which activity are you most involved? _____

a. How have you contributed in this activity? (your level of responsibility, different roles, positive impact on community, etc.)

b. How has this experience in this activity impacted you as a person? In what ways have you benefited?

11. Have there been any significant issues (medical conditions - including physical or emotional, extensive family responsibilities, family changes, economic conditions, traumatic events) that you feel significantly impacted your academic performance that you would like addressed in a letter of recommendation?

12. What, if anything, would you do differently if you had to experience high school again? If nothing, how have you made the most of your JRLHS experience?

ACTIVITY RECORD – GRADES 9-12

Name of Student:			
Grade and Year	Career Experiences	School, Community, Employment, and Summer Activities	Offices Held and Honors Won
Grade 9 Year:			
Grade 10 Year:			
Grade 11 Year:			
Grade 12 Year:			

*** In addition to this packet, please email the Teacher Evaluation to 2-3 teachers. This document can be found on the Lewis HS Website>Student Services>Transcripts>Current Students ***