



**MOORESTOWN TOWNSHIP PUBLIC SCHOOLS**  
**Moorestown High School**  
 350 Bridgeboro Road, Moorestown, New Jersey 08057-0927  
 (856) 778-6610 (ext. 12170/2) FAX: (856) 222-1754



*A NATIONAL SCHOOL*  
*of*  
 EXCELLENCE

*Kathleen B. D'Ambra*  
*Supervisor of Guidance*  
 kdambra@mpts.com

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**TEACHER & COUNSELOR RECOMMENDATION WAIVER**

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Name of Student \_\_\_\_\_

**WAIVER:**

**Family Education Rights and Privacy Act of 1974.** This form is to be used as a reference for college admissions purposes. As currently interpreted by the Department of Education, the Act provides that students and parents have a right to inspect and review the evaluation if it is retained by the school unless that right is waived in writing. Sign your name below only if you wish to waive your right of access.

I request that this reference be sent to the colleges to which I am applying to be used in the admissions process. I understand that I may not read this reference, and I will not seek to do so in the future.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_