



WAIVER: By signing below I agree to waive my right of access to any information provided to William & Reed Academy by each teacher/administrator who completes the Teacher Recommendation Form.

Student Name (print): _____

Parent Name (print): _____

Current/Most Recent School: _____

Please provide names and email addresses for your student's current teachers of their four core classes:

- Math: _____
- English: _____
- Science: _____
- Social Studies: _____
- Optional (counselor/administrator/elective teacher):
 - _____

Parent Signature

Date