

Panel X457

SENIOR FINAL
TRANSCRIPT REQUEST FORM
T. DEWITT TAYLOR MIDDLE HIGH SCHOOL

Office Use Only

Date Sent

NAME: _____

ALPHA ID: _____

PHONE #: _____

DATE: _____

Please send my **ONE** Final Transcript to (select **ONE** school):

REQUEST TRANSCRIPT BE SENT ELECTRONICALLY TO THE FOLLOWING SCHOOL					
<input type="checkbox"/>	DSC Daytona State College	00014750001 FASTER	<input type="checkbox"/>	SSC Seminole State College	730000000152000 SPEEDE
<input type="checkbox"/>	FAMU Florida A&M University	00000740351 FASTER	<input type="checkbox"/>	SU Stetson University	730000000563000 SPEEDE
<input type="checkbox"/>	FAU Florida Atlantic University	730000000148100 SPEEDE	<input type="checkbox"/>	UF (UNDERGRAD) University of Florida	00015350101 FASTER
<input type="checkbox"/>	FGCU Florida Gulf Coast University	7300000003255300 SPEEDE	<input type="checkbox"/>	UCF (MAIN) University of Central Florida	730000000395400 SPEEDE
<input type="checkbox"/>	FIU Florida International University	00096350000 FASTER	<input type="checkbox"/>	UNF University of North Florida	730000000984100 SPEEDE
<input type="checkbox"/>	FLPOLY Florida Polytechnic University	730000000979000 SPEEDE	<input type="checkbox"/>	USF University of South Florida	730000000153700 SPEEDE
<input type="checkbox"/>	FSU (MAIN) Florida State University	00014890001 FASTER	<input type="checkbox"/>	UWF University of West Florida	00039550000 FASTER

OR

REQUEST ONE HARD COPY OF FINAL TRANSCRIPT

Mail Final Transcript to the college listed below:

College: _____

Address: _____

City, State and Zip Code: _____

OR

I will pick up ONE copy of my Final Transcript.

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize the School District of Volusia County, Florida to release or obtain the information specified above to the agency or individual above.

I understand that as an eligible parent/legal guardian or eligible student who is 18 years of age or attending a post secondary education institution, I have the right to review all records or student information being forwarded to the receiving party prior to release. I have also been informed that I have a right to a hearing to contest any information contained in requested records prior to release. I hereby authorized the release of records or information requested.

Signature _____ Date _____
Eligible Parent/Legal Guardian, Student 18 Years of Age or Student Attending Post Secondary Educational Institution