



SCHOOL ADDRESS & PHONE NO. =>

New Smyrna Beach High School
1015 Tenth St, New Smyrna Beach, FL 32168
Phone (386) 424-2555 Ext. 38536
Email: cedoyle@volusia.k12.fl.us

STUDENT RECORDS RELEASE AUTHORIZATION

TYPE OR PRINT

Instructions: This form is to be used by the eligible parent/legal guardian (parents of a "dependent student" as defined by the Internal Revenue Code) or eligible student (age 18 or attending a post-secondary educational institution) to request and authorize the release of student information.

The eligible parent/legal guardian or student must provide a legible copy of his/her photo identification with all inactive student records requests. Photo identification may be required to release current student information.

Requests for student information will not be processed without the proper fee (\$5.00 per transcript) and photo identification.

I authorize the School District of Volusia County to: (check one)
[ ] Obtain from
[ ] Release to (There is a \$5.00 fee to certify each Official Transcript / Immunization request)

Table with 5 columns: Name of Agency/Person, Address, City, State, Zip

Records of (full name while in school): Last First Middle Maiden

Date of Birth Daytime Phone ( ) ALPHA Code (if available)

Last Volusia County Public School attended Date last attended

RECORDS REQUEST (please check) Academic Records: [ ] Official Transcript (\$5.00 per) [ ] Unofficial Transcript (Free)

Individual Request: [ ] Proof of Graduation\* [ ] SAT/ACT Scores\* [ ] Immunizations\* [ ] Psychological
[ ] Birth Date Verification\* [ ] Standardized Tests\* [ ] ESE Records [ ] Other

Upon request, transcripts may be released to a college representative for athletic scholarships without individual signed release forms. [ ] Yes [ ] No

If sending to address other than above, mail, fax or email record(s) request to:

If the request is to be faxed or emailed, it must be specifically indicated below.

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.

I understand that Volusia County Schools cannot guarantee the confidentiality of any information that is sent via fax or email. I further understand that transcripts that are faxed or e-mailed may not be considered official by the receiving agency. However, please [ ] FAX [ ] EMAIL my records to the number/e-mail address listed above.

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

FOR OFFICE USE ONLY
Date Received: Walk-in Date: Date Sent:: By:
Amount Received \$

## Send transcript electronically to the following school(s):

These schools should be able to view your transcript within 48 hours.

<input type="checkbox"/> DSC 0014750001 FASTER DAYTONA STATE COLLEGE	<input type="checkbox"/> UF 0015350101 FASTER UNIVERSITY OF FLORIDA
<input type="checkbox"/> FGCU 7300000003255300 SPEEDY FLORIDA GULF COAST UNIVERSITY	<input type="checkbox"/> TCC 00015330001 FASTER TALLAHASSEE COMMUNITY COLLEGE
<input type="checkbox"/> FIU 0096350000 FASTER FLORIDA INTERNATIONAL UNIVERSITY	<input type="checkbox"/> SSC FASTER SEMINOLE STATE COLLEGE
<input type="checkbox"/> FSU 0014890001 FASTER FLORIDA STATE UNIVERSITY	<input type="checkbox"/> USF 7300000007153700 SPEEDY UNIVERSITY OF SOUTH FLORIDA
<input type="checkbox"/> SFC 73000000015190000 SPEEDY SANTA FE COLLEGE	

**Graduating Seniors** – Final Transcripts will not be available until July at the earliest.