



Request for Performance Evaluations
School District of Volusia County
200 N. Clara Ave., DeLand, FL 32720
vcsevaluations@volusia.k12.fl.us

Date: _____

Last Name: _____ First Name: _____

Last Name: _____ *(if different when employed)*

Social Security Number (last four digits): _____

Years Requested: _____ to _____ Position Held: _____

Signature

Printed Signature

PLEASE PRINT THIS FORM AND FOLLOW THESE INSTRUCTIONS

STEP 1:

- I am requesting copies of my annual evaluations from Volusia County Schools for years listed above.
- I verify that this is for my personal use.

STEP 2:

- I have attached a copy of my Driver's License **or** a valid photo identification

STEP 3:

- Print and sign this request
- Email to: vcsevaluations@volusia.k12.fl.us

****Employment verification requests should be sent to verifications@volusia.k12.fl.us***