



New Smyrna Beach High School
 1015 Tenth Street
 New Smyrna Beach, FL 32168
 Phone:386-424-2555 Ext. 38536

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 and photo identification.

I authorize the School District of Volusia County to: (check one)

- Obtain from**
 Release to (There is a \$1.00 fee to certify each records request for inactive student information.)

Name of Agency/Person	Address	City	State	Zip
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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: Transcript (high school) Permanent Record *

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 a 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			Amount Received \$ _____
Date Received:	Walk-in Date:	Date Sent::	By:

You must submit this form in person to the Counseling Office for the request to be processed. Final Transcripts will not be available until mid-June at the earliest.

Send transcript electronically to the following school(s):

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

CURRENT STUDENTS RECEIVE TWO TRANSCRIPTS FREE - ALL SUBSEQUENT TRANSCRIPTS \$1.00

DSC 0014750001 FASTER

DAYTONA STATE COLLEGE

UF 15350101 FASTER

UNIVERSITY OF FLORIDA

FGCU 7300000003255300 FASTER

FLORIDA GULF COAST UNIVERSITY

TCC 00015330001 FASTER

TALLAHASSEE COMMUNITY COLLEGE

Ftu 0096350000 FASTER

FLORIDA INTERNATIONAL UNIVERSITY

UCF 730000000395400 SPEEDY

UNIVERSITY OF CENTRAL FLORIDA

Q

FSU 0014890001 FASTER

FLORIDA STATE UNIVERSITY

U F 730000000984100 SPEEDY

UNIVERSITY OF NORTH FLORIDA

SFC 73000000015190000 FASTER

SANTA FE COLLEGE

USF 730000000153700 SPEEDY

UNIVERSITY OF SOUTH FLORIDA