



SCHOOL ADDRESS & PHONE NO. =>

Empty rectangular box for school address and phone number.

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:	