



SCHOOL ADDRESS & PHONE NO. =>

DELTONA HIGH SCHOOL  
100 Wolf Pack Run, Deltona, FL 32725  
Phone: (386) 575-4153  
FAX: (386) 968-0014

### 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*

<b>FOR OFFICE USE ONLY</b>		Amount Received \$ _____	
Date Received:	Walk-in Date:	Date Sent:.	By: