



SCHOOL ADDRESS =>

DeLand High School
Student Records
800 N. Hill Ave.
Deland, Florida 32724

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 (DeLand High School) to: (check one)
[] Release to
Name of Agency/Person Address City State Zip

Records of (full name while in school):

Last First Middle
Date of Birth Daytime Phone () ALPHA Code
Last Volusia County Public School attended Date last attended

RECORDS REQUEST (please check) Academic Records: [] Transcript (high school)

Individual Request: [] Immunizations* [] Psychological [] ESE Records

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

[] I need transcripts for pick-up (person picking up -if other than student)

If address other than above, send record(s) request to:

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize the School District of Volusia County Florida (DeLand High School) 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.

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 \$

