

UNIVERSITY HIGH SCHOOL ELECTRONIC TRANSCRIPT REQUEST

NAME: _____ ALPHA ID: _____

YEAR OF GRADUATION: _____ DATE OF BIRTH: _____

***NO FEE FOR ALL ELECTRONICALLY SUBMITTED TRANSCRIPTS.**

DSC - 1475 Daytona State College	UCF - 730000000395400 University of Central Florida
UF - 1535 University of Florida	FSU - 1489 Florida State University
UNF - 730000000984100 University of North Florida	USF - 730000000153700 University of South Florida
UNW - 3955 University of West Florida	Florida A & M - 730000000148000 Florida Agricultural & Mechanical University
FIU - 9635 Florida International University	UM - 730000000153600 University of Miami
FGCU - 7300000003255300 Florida Gulf Coast University	TCC - 1533 Tallahassee Community College
Brevard CC - 1470 Brevard Community College	Broward CC - 1500 Broward Community College
Central CC - 1471 Central Florida Community College	FCC at Jacksonville - 1484 Florida Community College Jacksonville
Florida Keys CC - 1485 Florida Keys Community College	Miami Dade CC - 1506 Miami Dade Community College
North Florida CC - 1508 North Florida Community College	St. Johns River CC - 1523 St. Johns River Community College
Santa Fe CC - 7300000001519 Santa Fe Community College	Seminole CC - 1520 Seminole Community College
Valencia CC - 730000000675000 Valencia Community College	Stetson University - 730000000563000

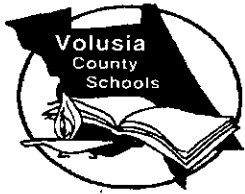
I authorize University High School to release information specified to the institution named above.

Signature: _____ Date: _____
Phone: _____

Office Use Only: _____
Date Sent/Complete

Allow 2 days for processing

Contact recipient to verify receipt



SCHOOL ADDRESS & PHONE NO. =>

University High School
1000 W Rhode Island Avenue
Orange City FL 32763
phone 386-968-0013 ext. 46299 fax 386-968-0038

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