

**FORMER STUDENT TRANSCRIPT REQUEST**

Office Use Only

Date Sent:

**ATLANTIC HIGH SCHOOL**

NAME \_\_\_\_\_ ALPHA ID \_\_\_\_\_ DATE \_\_\_\_\_

GRADE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_ YEAR OF WITHDRAWAL (IF YOU DID NOT GRADUATE) \_\_\_\_\_

**THERE IS A \$1.00 FEE FOR EACH TRANSCRIPT REQUESTED (CASH/CHECK/MONEY ORDER)**

Transcripts will be available in 2-3 business days. You may call (386) 322-6100 ext. 38141 to verify that transcripts are ready for pickup.

NUMBER OF TRANSCRIPTS NEEDED \_\_\_\_\_ I will pick up transcript(s) ☐**OFFICE USE ONLY:** Date Picked Up: \_\_\_\_\_ By: \_\_\_\_\_

Mail Transcripts to College(s) listed below:

College #1: \_\_\_\_\_ College #2: \_\_\_\_\_ College #3: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ELECTRONIC TRANSCRIPTS CAN BE SENT IF YOU GRADUATED/WITHDREW WITHIN THE LAST 5 YEARS**

Please check the box next to each school that you would like a transcript sent.

All transcripts cost \$1.00 each. These schools will be able to view our transcript within 1-2 days

<b>DSC</b> Daytona State College	<b>FLPOLY</b> Florida Polytechnic University	<b>SSC</b> Seminole State College
<b>ERAU</b> Embry-Riddle Aeronautical University	<b>FSU (MAIN)</b> Florida State University	<b>SU</b> Stetson University
<b>FAMU</b> Florida A&M University	<b>FSCJ</b> Florida State College of Jacksonville	<b>UF (UNDERGRAD)</b> University of Florida
<b>FAU</b> Florida Atlantic University	<b>KU</b> Keiser University	<b>UCF (MAIN)</b> University of Central Florida
<b>FGCU</b> Florida Gulf Coast University	<b>NSU</b> Nova Southeastern University	<b>UNF</b> University of North Florida
<b>FIU</b> Florida International University	<b>SEU</b> Southeastern University	<b>USF</b> University of South Florida

**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 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. 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/Legal Guardian, Student 18 Years of Age or Student Attending Post- Secondary Educational Institution

Rev. 4/01/21