AUTHORIZATION FOR RELEASE OF TRANSCRIPTS

| I request | that Pine View | School send my | academic transcript, t | eacher and |
|--|--|---|------------------------------|------------------------------|
| counselor recommendations and other pertinent understand that the first <i>five</i> transcript requests ar request. Indicate EA if you are applying <i>Early Actio</i> corresponding college/university. Note: Requests m NOT receive priority or preferential support. | e free ; that a cl n, ED Early Deci | harge of \$2.00 wi ision or ROLL Rolli | II be collected for each | n additional sion for the |
| EARLY ACTION OR EARLY DECISION | ON REQUESTS D | UE ON OR BEFORE | OCTOBER 3 rd | |
| REGULAR DECISION OR ROLLING DEC | CISION REQUESTS | S DUE <i>ON OR BEFO</i> | ORE DECEMBER 3 rd | |
| College/University | EA/ED/ Roll/RD | Application Deadline | Entered in Naviance (Y/N) | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| Adult Student/Parent/Legal Guardian rights under Flo | orida State Boar | d of Education Ru | le 6A 1.955 | |
| Right to Access (a copy of records may be ob Right to Privacy (Right to waive access to con Right to Challenge (Right to challenge the con Right to Notification (Right to know that records) | ifidential letters ntents of record | and statements) s provided throug | h a hearing) | |
| Information will NOT be disclosed to any other party prior written consent of Adult Student/Parent/Legal | · · | fficials with a legit | imate educational inter | est without |
| I have been informed of and understand my rights re | garding the rele | ease and transfer o | of these records. | |
| Adult Student Signature (18 or older) | | Date | | |
| Parent/Legal Guardian Signature | | | | |
| Office Use Only / Date Received | | | | |