

AUTHORIZATION FOR RELEASE OF TRANSCRIPTS

I _____ request that Pine View School send my academic transcript, teacher and counselor recommendations and other pertinent school records to the following colleges and/or universities. I understand that the first **five** transcript requests are **free**; that a charge of **\$2.00** will be collected for each additional request. Indicate **EA** if you are applying *Early Action*, **ED** *Early Decision* or **ROLL** *Rolling* or **RD** *Regular Decision* for the corresponding college/university. **Note:** *Requests made after the dates below must be discussed with guidance and may NOT receive priority or preferential support.*

EARLY ACTION OR EARLY DECISION REQUESTS DUE ON OR BEFORE OCTOBER 2nd

REGULAR DECISION OR ROLLING DECISION REQUESTS DUE ON OR BEFORE DECEMBER 4th

	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 Florida State Board of Education Rule 6A 1.955

- Right to Access (a copy of records may be obtained at cost of reproduction)
- Right to Privacy (Right to waive access to confidential letters and statements)
- Right to Challenge (Right to challenge the contents of records provided through a hearing)
- Right to Notification (Right to know that records are being transferred)

Information will NOT be disclosed to any other party except school officials with a legitimate educational interest without prior written consent of Adult Student/Parent/Legal Guardian.

I have been informed of and understand my rights regarding the release and transfer of these records.

Adult Student Signature (18 or older) _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Office Use Only / Date Received _____

