**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 additionalrequest. 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**

**College/University EA/ED/ Application Entered in**

**Roll/RD Deadline 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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 8/2023