

Record Request/ Release Form



Developmental Research School
at the University of Florida

Today's Date: _____ Current Grade Graduation Year: _____

Student Name: _____

Person requesting record (if different): _____ Phone: _____

Type of Record Requested: _____

Please send my records to (circle one):

College Scholarship School Employer Student/Parent* Other

Name of college, scholarship, school, or employer:

Address/fax: _____

_____ Counselor/school recommendation (attach) Application deadline (if known) _____

Please send my records by** (check all that apply):

_____ Regular US Mail (first 5 transcripts are free, \$5 assessed for each transcripts after the 5th)***

_____ Electronic transfer – no fee (via F.A.S.T.E.R. or SPEEDE/EXPRESS only)

_____ Fax (if available) – no fee

Note: It is the responsibility of the student/parent to verify that records have been received.

By signing this form, I hereby authorize P.K. Yonge to release my requested records to the above named party. I understand that this authorization can be revoked at any time upon subsequent written request. Unless otherwise noted, permission is granted to forward test scores including, but not limited to: SAT, PSAT, SAT subject tests, ACT, & AP exams.

Signature: _____ Date: _____

*Parent/Guardian may not sign to authorize release of records if student is over 18 years of age.

**All transcripts must be sent directly from P.K. Yonge by mail or electronic transfer to be official. Faxed or hand-delivered transcripts are considered unofficial copies.

***A fee of \$5 will be assessed for every transcript sent via US Mail after the 5th transcript – exact cash, or check made payable to the University of Florida, preferred.

OFFICE USE ONLY:

Date received: _____ Date of completion: _____ Completed by: _____ Payment method _____

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