

Advanced Technology College
1770 Technology Boulevard
Daytona Beach, Florida 32117
(386) 506-4100

Daytona Beach Campus
1200 W. International Speedway Blvd.
Daytona Beach, FL 32114
(386) 506-3000

Deltona Campus
2351 Providence Boulevard
Deltona, FL 32725
(386) 789-7302

Flagler/Palm Coast Campus
3000 Palm Coast Parkway S.E.
Palm Coast, FL 32137
(386) 246-4800

New Smyrna Beach-Edgewater Campus
940 10th Street
New Smyrna Beach, FL 32137
(386) 423-6300

DeLand Campus
1155 County Road 4139
DeLand, FL 32724
(386) 785-2000

Authorization of Non-Directory Student Information

Student I.D. Number (Please Print)

Last Name

First Name

Middle Initial

Maiden/Other Name

I hereby authorize the Daytona State College Records Office to release my academic information for the year beginning _____ to my parent(s), or other named individuals and entities.
(date)

If both parents live at the same address, please list them in #1.

1.

Name(s)

Street Address

City, State, Zip

2.

Name(s)

Street Address

City, State, Zip

If the person(s) named above are not your parent(s), how are they related to you? _____

The released reports will be used for the purpose of: _____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other person or entities without my written consent. If not specified, this consent is applicable for one (1) year from date signed.

Student's Signature

Date

Parent / Guardian Signature

Date