

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
 RECORD RETENTION CENTER
 101 Old Venice Road, Osprey, FL 34229
 Phone 941-486-2166 Fax 941-486-2484
 Email recrret@sarasotacountyschools.net

REQUEST FOR STUDENT RECORDS

Instructions: This form is to be used by the eligible parent/legal guardian (parents of a "dependent student" as defined by the Internal Revenue Code) or eligible student (age 18 or attending a post secondary educational institution) to request and authorize the release of student information. **For verification purposes, a legible copy of your driver license, State ID, or other form of photo identification showing your name, date of birth and signature is required. Enlarge a light, clear and legible copy of your photo identification and send with this form. Requests will not be processed without the proper identification.** The form and copy of identification can be mailed, faxed or emailed to Record Retention, as noted above.

Student Name _____ DOB _____
 Married/Other Name _____ SSN _____
 Home Phone _____ Work _____ Cell _____
 E-Mail Address _____

K-12 PUBLIC SCHOOL REQUEST

Name of last Sarasota County Public School attended (K-12) _____
 Last year in school _____ Did you graduate? Yes No If no, indicate last grade attended _____

SARASOTA COUNTY TECHNICAL INSTITUTE

SCTI Program _____

Did you complete program? Yes No Dates of attendance _____

Records Requesting	<input type="checkbox"/> Transcript	<input type="checkbox"/> Graduation Verification	<input type="checkbox"/> Proof of Age
	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Attendance	<input type="checkbox"/> SCTI Certificate
	<input type="checkbox"/> *Other - Specify Other _____		
GED Records, contact 850-245-0449			
Purpose of Request	<input type="checkbox"/> Employment	<input type="checkbox"/> Education/College	<input type="checkbox"/> Personal

If records are being requested by someone other than the student

Name of Requestor _____ Relationship to Student _____

Indicate how you want to receive the records: Pick up by Student Pick up by person other than student (must provide legal photo ID)

 Name of person authorized to pick up records

 Relationship to student

Mail Fax* (No Personal Fax Numbers, only Schools/Agencies)

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 Individual/School/Agency Name

 Individual/School/Agency Name

 Attention

 Attention

 Address

 Address

 City State Zip

 City State Zip

 Fax Number Phone Number

 Fax Number Phone Number

*I understand that Sarasota County School Board cannot guarantee the confidentiality of any information that is sent via fax. I further understand that transcripts that are faxed may not be considered official by the receiving agency. I also understand, Record Retention will not fax to any personal fax numbers. All fax requests must have a business phone number to verify the School/Agency fax number.

Authorization Statement and Authorized Signature

I certify, under penalties or perjury, pursuant to Florida Statute Section 92.525, that I am the former student requesting my records, or the parent/guardian of a former student (who is under the age of 18 or meets other statutory requirements) requesting records of said student. I hereby authorize the release of records or information requested.

Signature _____ Date _____
 Eligible Parent/Legal Guardian, Student 18 Years of Age or Student Attending Post Secondary Educational Institution

The School Board of Sarasota County, Florida complies with State Statutes on Veterans' Preference and Federal Statute on non-discrimination on the basis of race, color, sex, religion, national origin, age, disability, marital status or sexual orientation.

FOR OFFICE USE ONLY

Date Rec'd _____ Date Completed _____ Photo ID No. _____ RRC Initial _____

1. Make enlarged, legible copy of photo identification 2. Complete form 3. Sign form 4. Fax/mail/email form and ID