

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  
E-mail [recret@sarasotacountyschools.net](mailto:recret@sarasotacountyschools.net)

**REQUEST FOR EMPLOYEE RECORDS**

**Instructions:** Send completed, signed form via fax, e-mail, or mail as noted above. Per Florida Statute 1012.31(2)(f), this form will be included in the employee personnel file and the employee will be notified that you reviewed the file.

Employee Name \_\_\_\_\_ DOB \_\_\_\_\_

Married/Other Name \_\_\_\_\_ SSN \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employee Status       Administrator               Instructional               Classified  
  
 Current employee      If not current employee, date left district \_\_\_\_\_

Employee Current Address \_\_\_\_\_

Records Requested

Transcripts       Dates of Employment       Evaluations               All records       Other

Other \_\_\_\_\_

Records requested by       Employee               Other

If Other      Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Records disposition       Mail               Fax (No personal fax numbers, only schools/agencies)  
  
 Pick up (This person must provide a legal photo ID, showing name and signature at time of pick up.)

\_\_\_\_\_  
Name of person authorized to pick up records              Relationship to employee

Mail/Fax to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Requestor Signature              Date

Company Name (if applicable) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_ Date Completed \_\_\_\_\_ Photo ID No. \_\_\_\_\_ RRC Initial \_\_\_\_\_  
RET: Master, 25 FYA, GS1-SL 19              043-07-RRC  
Dupl., OSA              Rev. 7-13-2015