

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
 RECORD RETENTION
 101 OLD VENICE ROAD, OSPREY, FL 34229
 PHONE (941) 486-2166 FAX (941) 486-2484
 EMAIL recret@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 _____

SUNCOAST TECHNICAL COLLEGE (FORMALLY SCTI) REQUEST Program Name _____

Did you complete program? Yes No Dates of attendance _____

Records Requesting	<input type="checkbox"/> Official Transcript	<input type="checkbox"/> Graduation Verification	<input type="checkbox"/> Proof of Age
	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Attendance	<input type="checkbox"/> Suncoast Technical College/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 _____
<input type="checkbox"/> Mail <input type="checkbox"/> Fax* (No Personal Fax Numbers, only Schools/Agencies)	<input type="checkbox"/> Mail <input type="checkbox"/> Fax* (No Personal Fax Numbers, only Schools/Agencies)
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

FOR OFFICE USE ONLY

Date Rec'd _____ Date Completed _____ Photo ID No. _____ RRC Initial _____
 RET: Master, 4AY, GS7 131 Dupl., OSA
 042-07-RRC
 Rev. 3-27-2015

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