

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](mailto:recret@sarasotacountyschools.net)

**REQUEST FOR EMPLOYEE RECORDS**

**Instructions:** Send completed, signed form via fax, e-mail, as noted above. Also submit a copy of your driver license, State ID, or other form of photo identification showing your name and signature. Per Florida Statute 1012.31(2)(f), this form will be included in the employee personnel file. Current employees will be notified that you reviewed the file.

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

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

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

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

**RECORDS REQUESTED BY**  Employee  Other

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

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

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

**RECORDS REQUESTED**

Transcripts  Dates of Employment  Evaluations  All Records  
 Other – Specify \_\_\_\_\_

**RECEIVING RECORDS**

Pick up (This person must provide legal photo ID, showing name and signature at time of pick up.)

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

\_\_\_\_\_  
Relationship to employee

Mail

\_\_\_\_\_  
Individual/Agency Name

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Fax\*

\_\_\_\_\_  
Individual/Agency Name

\_\_\_\_\_  
Attention

\_\_\_\_\_  
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 records that are faxed may not be considered official by the receiving agency.

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Rec'd \_\_\_\_\_ Date Completed \_\_\_\_\_ Photo ID No. \_\_\_\_\_ RRC Initial \_\_\_\_\_

RET: Master, 25 FYA, GS1-SL 19  
Dupl., OSA

043-07-RRC  
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