

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RECORD RETENTION  
101 OLD VENICE ROAD, OSPREY, FL 34229  
PHONE (941) 486-2166 FAX (941) 486-2484  
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**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 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. If emailing, it is acceptable to take a picture with a cell phone and email attachments.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

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

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

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

**K-12 PUBLIC SCHOOL REQUEST** Name of last Sarasota County School attended (K-12) \_\_\_\_\_

Last year in school \_\_\_\_\_ Did you graduate?  Yes  No If no, indicate last grade attended \_\_\_\_\_

**SUNCOAST TECHNICAL COLLEGE REQUEST** Program Name \_\_\_\_\_

Did you complete program?  Yes  No Attendance Dates \_\_\_\_\_

**RECORDS REQUESTED**

Official Transcript  Graduation Verification  Immunizations  Proof of Age  Attendance  Suncoast Technical College Certificate

Other - Specify \_\_\_\_\_

PURPOSE OF REQUEST  Employment  Education/College  Personal

**RECEIVING RECORDS**

Pick up by Student  Pick up by person other than student (must provide legal photo ID at time of pick up)

\_\_\_\_\_  
Name of person authorized to pick up records, if other than student

\_\_\_\_\_  
Relationship to student

Mail \_\_\_\_\_

Individual/School/Agency Name

Attention

Address \_\_\_\_\_

Street

City

State

Zip

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

\_\_\_\_\_  
School/Agency Name

Attention

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Phone Number

\*The Sarasota County School Board cannot guarantee the confidentiality of any information that is sent via fax and will not fax to any personal fax numbers. All fax requests must have a business phone number to verify the School/Agency fax number. Faxed transcripts may not be considered official by the receiving agency

**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  
Signature must be hand signed (wet). We do not accept electronic/typed signatures.

**FOR OFFICE USE ONLY**

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

RET: Master, 4AY, GS7 131  
Dupl., OSA

042-07-RRC  
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