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 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 _____

SARASOTA COUNTY TECHNICAL INSTITUTE   SCTI Program _____

Did you complete program?   ☐ Yes   ☐ No   Dates of attendance _____

Records Requesting	☐ Transcript	☐ Graduation Verification	☐ Proof of Age
	☐ Immunizations	☐ Attendance	☐ SCTI Certificate
	☐ *Other - Specify Other _____		

GED Records, contact 850-245-0449

Purpose of Request	☐ Employment	☐ Education/College	☐ 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)	☐Mail ☐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

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 _____

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

042-07-RRC-BUS
Rev. 10-22-2012