

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
RECORDS AND FORMS MANAGEMENT  
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 copy of your driver license, State ID, or other form of photo identification showing your name, date of birth and signature is required. Requests will not be processed without the proper identification.* The form and copy of identification can be mailed, faxed or emailed to Record and Forms Management, as noted above. If emailing, it is acceptable to take a picture with a cell phone and email attachments.

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

Married/Other Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**K-12 PUBLIC SCHOOL REQUEST** 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 the 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

**PICK UP RECORDS** (Must provide legal photo ID at time of pick up by student or designated person below)

Pick up by student  Pick up by person other than student

Name of authorized person to pick up records (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

**DELIVERY OF RECORDS** (We will send records via Florida Automated System for Transferring Educational Records when possible)

Mail  Fax (No Personal Fax Numbers, only Schools/Verification Agencies)  Email (Transcript/Verification to Schools only)

**SEND RECORDS TO** (check appropriate box(es), or provide information below to indicate where you want the records sent)

Hillsborough Community College  Keiser University, Sarasota  State College of Florida, Bradenton

University of South Florida, Sarasota-Manatee  University of South Florida, Tampa

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

Attention/Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number (to verify fax number) \_\_\_\_\_ Fax Number \_\_\_\_\_  
(No personal fax numbers)

Email Address \_\_\_\_\_  
(Transcript/graduation verification to Colleges/Universities only)

**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.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature must be hand signed (wet). We do not accept electronic 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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