

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
SUNCOAST TECHNICAL COLLEGE
4748 BENEVA ROAD, SARASOTA, FL 34233
PHONE (941) 924-1365 X62208 FAX (941) 316-8170

STUDENT RECORD REQUEST

Instructions: This form is used by the student to request and authorize the release of student information. **For verification purposes, a copy of your driver's license, state ID, or other form of photo identification showing name, date of birth, and signature is required.** Submit an enlarged, light, clear, and legible copy of photo identification with this form. Requests will not be processed without the proper identification. Return the completed, signed form and a copy of ID to Suncoast Technical College Records Office via fax, mail, or in person. Official transcripts will not be processed if there are any outstanding financial obligations to Suncoast Technical College.

Student Name (Print) _____
Last First Middle DOB _____

Former Name _____ SSN _____

Address _____
Street City State Zip

Phone Home _____ Work _____ Cell _____

Email Address _____

REQUEST

Program Attended _____ Dates of Attendance _____ Program Completed Yes No

Records Requested (Indicate number of copies requested below) - \$6.00 fee for duplicate CPR cards.

Official Transcript _____ Completion Certificate _____ Enrollment Verification _____
Quantity Quantity

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

Use student address above

Fax _____
Individual/School/Agency Name

Attention

Fax Number

Phone Number

I certify, under penalties or perjury, pursuant to Florida Statute Section 92.525, that I am the former student requesting my records. I understand that my signature below authorizes the release of records or information requested.

Student Signature

Date

FOR OFFICE USE ONLY

Date Received _____

Date Completed _____

Initials _____

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

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