

PINELLAS COUNTY SCHOOLS
REQUEST FOR SCHOOL RECORDS AND RELEASE AUTHORIZATION

Identifying information (Please Print):

Complete legal name while attending school _____

Name currently used, if different _____

Last public school attended in Pinellas County _____

Year last attended (or graduated) in Pinellas County _____ Type of Diploma _____

Full Birthdate ____/____/____ Full Social Security Number _____

Phone number or email address where you can be contacted, in case of questions _____

If you have graduated or withdrew within the last TWO years, please contact your last school attended.

<u>Records requested:</u>	(Please indicate quantity needed in space provided)	<u>COST:</u>
_____ High school/Vocational transcript, official (OFFICIAL copies must be mailed, not faxed)		\$1.00 each
Clearwater or St. Petersburg Campus		
_____ High school/Vocational transcript, unofficial		\$1.00 each
Clearwater or St. Petersburg Campus		
_____ Graduation verification		\$1.00 each
_____ Birthdate verification		\$1.00 each
_____ Immunization records (available from 1984-1985 school year to present)		\$1.00 each
	<u>Postage:</u>	\$.50
_____ Total of Records Requested x \$1.00, then add postage =		Money Order Total: _____

PLEASE NOTE: All GED records requests MUST be requested through the Florida Department of Education, GED Office. They may be reached at (877) 352-4331 or search online at GED.FLDOE.org.

Send requested records to whom: (and at what address OR fax number)

Parent/Student Signature (required): _____ Date: _____

Electronic Signatures are not acceptable, per Pinellas County School Board policy. This release is valid for 90 days from the date written above. PUBLIC LAW 93-380, August 21, 1974, prohibits us from furnishing a copy of a student record, or any information from a student record, without the written permission of the student. IF the student is UNDER the age of 18, a parent or guardian of the student must sign the request. This form is considered an official release of the requested information or record listed above.

PRINT, Sign and MAIL Form and Money Order To: Records Management-Transcript Request

2929 CR 193

Clearwater, FL 33759-1807

Questions?

Please call us at (727) 793-2701 x. 2500

OFFICEL USE ONLY

Roll # _____ **Student #** _____ **Year** _____

Date Received: _____ **Date Sent:** _____ **Processed By:** _____ **Revised 4/2017**