

Pinellas County Schools – Records Management / Central Records
REQUEST FOR SCHOOL RECORDS AND RELEASE AUTHORIZATION

IDENTIFYING INFORMATION (please print)

Legal name while attending school _____
Name currently used, if different _____
Birthdate ____/____/____ Phone number _____
Email address _____
Last public school attended in Pinellas County _____
Year last attended / graduated in Pinellas County _____ Type of Diploma _____

NOTE: Pinellas County Schools cannot verify GEDs. All GED record requests must be made through the Florida Department of Education. The GED Office number is 877-352-4331 or go online to GED.FLDOE.ORG

RECORDS REQUESTED (please indicate quantity needed in space provided)

COST

_____ OFFICIAL Transcripts (sealed in an envelope)	High School or Vocational - Clearwater or St. Pete Campus (circle one)	\$ 1.00 each
_____ UNOFFICIAL Transcripts	High School or Vocational - Clearwater or St. Pete Campus (circle one)	\$ 1.00 each
_____ Graduation Verification Letter (states when and where you graduated) (We do <u>not</u> have a copy of your diploma. This letter confirms your graduation date if you do not have your original diploma.)		\$ 1.00 each
_____ Immunization Records (available from 1984/85 school year to present)		\$ 1.00 each
_____ Birthdate Verification		\$ 1.00 each
	Postage (if we are mailing it)	\$.55 for stamp
_____ RECORDS REQUESTED x \$1.00 each (plus postage if we are mailing it)	TOTAL ENCLOSED	_____

Records can be picked up in our office or we can send the requested records as indicated below.

Address _____
Email _____

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.

SIGN, DATE, MAIL and include cash or money order, send to: Records Management - Central Records

Bernice Johnson Center

Questions? Please call us at 727-793-2701

2929 CR 193, Clearwater, FL 33759-1807

↓ Records Management office use ONLY ↓

Roll # _____ Student # _____ Year _____

Date Received _____ Date Sent _____ Processed by _____