

# ***CERTIFICATE OF AUTHENTICITY***

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SCHOOL BOARD OF PINELLAS COUNTY

## CERTIFICATE OF AUTHENTICITY

I hereby certify, pursuant to §90.902, F.S., the following: I am the

\_\_\_\_\_ (*title*) \_\_\_\_\_ at (*name of school/site*) \_\_\_\_\_

(*address*) \_\_\_\_\_. In my capacity as (*title*) \_\_\_\_\_, I am

the custodian of the attached records pertaining to (*name of student*) \_\_\_\_\_ and

hereby certify that the attached records are true and correct copies of the official original records

maintained by The School Board of Pinellas County, Florida (“School Board”) at (*name of*

*school/site*) \_\_\_\_\_, and that such records were made at or near the time of the

occurrence of the matters set forth by, or from information transmitted by, a person having

knowledge of those matters contained in such records. Further, I certify that such records are

regularly kept by the School Board, and that such records are kept as a regular practice and in the

regular course of School Board’s business activities.

Dated at (*city*) \_\_\_\_\_, Pinellas County, Florida on (*date*) \_\_\_\_\_.

\_\_\_\_\_  
(*name/title*)

\_\_\_\_\_  
(*school/site name*)

STATE OF FLORIDA:

COUNTY OF PINELLAS:

SWORN AND SUBSCRIBED to me by (*name/title*) \_\_\_\_\_, personally known

to me, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires: