



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
INFORMATION TECHNOLOGY (IT) / RECORDS MANAGEMENT

Student Records Request

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 faxed to (561) 434-8660, or mailed to: The School District of Palm Beach County, Records Management, 3300 Forest Hill Blvd., Suite B-201, West Palm Beach, FL 34406.

Fields with * are required.

Student #	Student First Name*	MI	Last Name*	Date of Birth*
Married/Other Name		Email Address*		Phone #*
Mailing Address		City	State	Zip Code

Name of Last District School Attended (K-12, Adult Education, Vocational) _____

Last Year in School _____ Did you graduate? Yes No If "No", last grade attended _____

Records Requested: (check all that apply)*

Official Transcript Immunizations Other _____

Request Purpose: (check all that apply)*

Employment Education/College Personal Immigration Other _____

Records Delivery: (check all that apply)*

Mail
 Fax # _____
 Email _____

Number of Copies* _____

Send To*

Name/School/Other	Attention/Department		
Mailing Address	City	State	Zip Code

Send To

Name/School/Other	Attention/Department		
Mailing Address	City	State	Zip Code

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 _____

OFFICIAL USE ONLY

Completed by _____ SIS IQ FASTER MAIL EMAIL FAX PU Date Completed _____