



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DIVISION OF INFORMATION TECHNOLOGY / RECORDS MANAGEMENT

Student Transcript / Records Request

This form is used to request transcripts/records for students who last attended Palm Beach County public school programs three (3) or more years ago or request transcripts/records from schools that are closed. All other requests should be sent directly to the current/last school the student attends/attended.

Complete the information requested below. **A signature is required.** The requested records will be mailed or faxed within 7 business days after receipt of a completed request. The requests for records of individuals who attended prior to 1992 may not be computerized and may take additional time to complete. MAIL to The School District of Palm Beach County Records Management, 3344 Forest Hill Blvd., Suite B-201, West Palm Beach, FL 33406 **OR FAX** (561) 434-8660.

Name(s) used while attending school (*first, middle, last*) _____

Current name (*if different than above - first, middle, last*) _____

Current address _____

Student Birth Date _____ Current Telephone # _____

Student ID # (if known) _____ Social Security # (last 4 digits) _____

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

Name of Last Public School Attended in the Palm Beach County School District (including k-12, adult, vocational, etc.) _____

Purpose of Request: Employment Education Personal Use Immigration Other _____

Indicate which records you are requesting (check all that apply): <input type="checkbox"/> High/Middle School Transcript <input type="checkbox"/> Elementary School Records <input type="checkbox"/> Immunization Records <input type="checkbox"/> Unofficial GED Transcript Year GED Received _____	Indicate the number of copies you are requesting: _____
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Indicate who/where you want the records sent by checking appropriate box(es) **OR** providing name(s), address(es) and/or fax number(s) in the boxes below:

<input type="checkbox"/> Florida Atlantic University (FAU) (check campus below)	<input type="checkbox"/> Fortis Institute
<input type="checkbox"/> Central <input type="checkbox"/> Jupiter <input type="checkbox"/> Port St. Lucie	<input type="checkbox"/> Indian River State College
<input type="checkbox"/> Palm Beach State College (PBSC)	<input type="checkbox"/> South College/University
	<input type="checkbox"/> Southeastern College (Formerly Keiser)

<input type="checkbox"/> Mail <input type="checkbox"/> Fax transcript to:	Name _____
Address _____	City _____
State _____ Zip Code _____	Fax Number _____

<input type="checkbox"/> Mail <input type="checkbox"/> Fax transcript to:	Name _____
Address _____	City _____
State _____ Zip Code _____	Fax Number _____

I certify, under penalties of 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.

PBSD 1457 (Rev. 2/11/2016) **SIGNATURE OF FORMER STUDENT/PARENT/GUARDIAN REQUIRED** _____ **DATE** _____