



Mail to Attn: Customer Service Center

STUDENT RECORDS RELEASE AUTHORIZATION

Instructions: This form is to be used by the eligible parent/legal guardian (parents of a "dependent student" as defined by the Internal Revenue Code) or eligible student (age 18 or older) to request and authorize the release of student information.

The eligible parent/legal guardian or student **must provide a legal copy of his/her photo identification** with all student record request. Requests for student information will not be processed without the proper fee and photo identification. **There is a charge of \$5.00 per transcript when the request is made. This may be paid by cash or money order. No personal checks. Please make money order payable to School Board of Brevard County.** Please allow up to 72 hours to process.

Name student used in school: _____

Current Name: _____ Date of Birth: _____

Name of last Brevard County High School attended: _____

If other than high school, please check:
Elementary Jr. High Middle Adult Education GED

Did you graduate: Yes Year of graduation: _____
 No Last year of attendance: _____
 Highest grade attended: _____

Number of official transcripts requested: _____

Mail transcript to: _____

Present home address: _____

REQUIRED – Daytime telephone number: _____

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize the School District of Brevard County, Florida to release the information specified above to the individual above.

I understand that as an eligible parent/legal guardian or eligible student who is 18 years of age, I have the right to review all records of student information being forwarded to the receiving party prior to release. I have also been informed that I have a right to a hearing to contest any information contained in requested records prior to release. I hereby authorize the release of records of information requested.

Signature: _____ Date: _____
Eligible Parent/Legal Guardian or Student 18 Years of Age

REMARKS: _____

CSC Rep. _____
Date Mailed/Picked Up _____
Receipt # _____
Check# _____

Christine Davis, Director
Office of District Communications
Phone: (321) 633-1000 • FAX: (321) 633-3620

