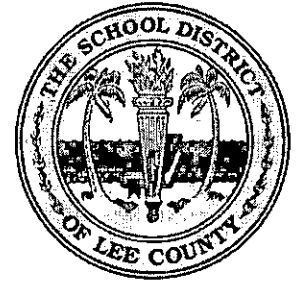




Student Transcript / Records Request

transcriptrequests@leeschools.net



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 attending a post-secondary educational institution) to request and authorize the release of student information. For verification purposes, 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 mailed to **Student Records, 2855 Colonial Blvd., Fort Myers, FL 33966** or emailed to transcriptrequests@leeschools.net. If emailing, it is acceptable to take a picture with a cell phone and email attachments.

Records Requesting: Official Transcript Graduation Verification Other: _____
Purpose of Request: Employment Education Personal Use Immigration Other: _____

Student Name(s) used while attending school (First, Middle, Last): _____
Current Name (if different than above) (First Middle Last): _____
Current Address: _____
City: _____ State: _____ Zip: _____ Telephone No: _____
Email Address: _____
Student ID No. (if known): _____ Student Birthdate: _____ Social Security No: _____
Last Year in School: _____ Did you graduate? Yes No If No, indicate last grade attended: _____
Name of Last Public School Attended in the School District of Lee County. _____

Pick up records (Must provide legal photo ID at time of pick up by student or designated person below)
 Pick up by student Pick up by person other than student
Name of authorized person to pick up records (Print): _____ Relationship: _____

Delivery of Records (We will send records via Florida Automated System for Transferring Educational Records when possible)
Email Address (Transcript / Verification to Schools only): _____
Mail Name of Individual / School / Agency Name: _____
Attention / Department: _____
Address: _____
City: _____ State: _____ Zip: _____

Name of Individual / School / Agency Name: _____
Attention / Department: _____
Address: _____
City: _____ State: _____ Zip: _____

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.

Signature of former student / parent / guardian required _____ Date _____

FOR OFFICE USE ONLY
Date Rec'd: _____ Completed: _____ Photo ID No: _____ Initials: _____