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: _____