

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Records Department ♦ 817 Bill Beck Blvd. ♦ Kissimmee, Florida 34744 ♦ (407) 870-4605 ♦ Fax (407) 870-4624

REQUEST AND CONSENT TO RELEASE STUDENT RECORDS

Date _____ PRINT information, attach COPY of picture ID (driver's license). Return to address above.

I request and give consent to the School District of Osceola County to release the following student records:

Current Last Name of Student _____ First Name _____ M. _____ Maiden/other Name used in school _____ Social Security Number _____ /_____/_____
Date of Birth _____

Current Address _____ City _____ State _____ Zip _____ (_____) _____ - _____ (_____) _____ - _____
Home/Work/Cell Phone Home/Work/Cell Phone

Last school/program name _____ Withdrew Graduated GED When? _____ / _____
Osceola County K-12 school - Adult Ed., Alt. Prgm Month Year

Release: High school transcript & test scores Immunizations Elem./Middle school transcript Exceptional Student Ed. (ESE)
 Diploma Order Graduation verification Other: specify _____

Release to: Student and/or: _____ Name of College, University, Employer _____ Attn: Registrar, Program name, etc _____

Address _____ City _____ State _____ Zip _____ FAX to: (_____) _____ - _____

I hereby certify that I am the adult student (over 18) - OR - parent/legal guardian of person listed above.

ADULT STUDENT or PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

SCHOOL DISTRICT USE ONLY
Fac# _____ Loc: TERMS Bx# _____ RC _____ / _____ / _____ / _____ R/F _____ Add'l info: _____

Rel: call mail fax pick up sent diploma form date _____ / _____ / _____ DB _____ / _____ / _____