



**The School Board of Brevard County, Florida  
2700 Judge Fran Jamieson Way, Viera, FL 32940**

**EDUCATIONAL RECORDS REQUEST FORM**

**DIRECTIONS:** Please use this form to request copies and/or review educational records pertaining to your child or if you are a student over the age of eighteen (18) years old.

Requester's Name: \_\_\_\_\_

Requester's Phone Number: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Student's School: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

**Check all that apply:**

As the parent/legal guardian or legally authorized non-custodial parent/legal guardian of the above named child, I am requesting access to **review** and/or **obtain copies** my child's school records. My child is under the age of eighteen (18) years of old and presently enrolled in the above named school.

As a student, I am over the age of eighteen (18) years old and I am requesting access to **review** and/or **obtain a copy** my school records.

**Copies of Records.** I am requesting a **copy** of the following record(s). (Please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewing Records.** I want to **review** the following record(s). (Please specify): .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand I will be contacted with further information as to when I may view these records. I further understand that I am not allowed to remove or photograph any record(s) from the office where they are maintained when I view such records. I also understand if I requested copies of these records, the copies will be provided to me at cost, per F.S. §119.07.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date



**The School Board of Brevard County, Florida  
2700 Judge Fran Jamieson Way, Viera, FL 32940**

**RECEIPT AND ACKNOWLEDGEMENT FORM**

**DIRECTIONS:** This section is to be filled out when copies of educational records have been provided to the requester.

I, _____ hereby acknowledge that I have been (Print Name)	
provided with copies of the educational records I requested from The School Board of Brevard County, Florida regarding my child.	
_____ Signature of Requester	_____ Date
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order    Check /Money Order # _____	

-----  
**DIRECTIONS:** This section is to be filled out when the requester has reviewed the educational records.

I, _____ hereby acknowledge that I have been (Print Name)	
reviewed the educational records I requested from The School Board of Brevard County, Florida regarding my child on _____. (Date Records were Reviewed)	
_____ Signature of Requester	_____ Date
_____ Signature of Witness (Print Name of Witness)	_____ Date
_____ Signature of Witness (Print Name of Witness)	_____ Date