



Educational Records Request Form

Requester Name: _____

Requester Phone Number: _____

Address of Requester: _____

City: _____ State: _____ Zip: _____

Student Name: _____ Age: _____

School: _____ Grade: _____

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

As a student who has reached age of majority, I am requesting access to review and/or obtain a copy of my school records.

I wish to **obtain a copy** of the following record(s): (Please specify) _____

I wish **to review** the following record(s): (Please specify) _____

I understand I will be contacted, as to when I may view these records. I also understand if I requested a copy to be made of these records, the copies will be provided to me at a cost set forth in section Ch. 119.07 Florida Statutes. I further understand I am not allowed to remove any records from the office of where they are maintained.

Signature

Date



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Receipt/Acknowledgement Form

I (Requester Name) _____ hereby acknowledge
(Print Name)

I have been provided with the copies I requested from Brevard Public Schools.

Signature

Date

Payment: Please circle Check Money Order Number: _____



I (Requester Name) _____ hereby acknowledge
(Print Name)

I have been permitted to review the school records I requested from Brevard Public Schools.

Signature

Date

Witness – Print Name

Date

Witness Signature