

# 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](mailto: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 Birthday: \_\_\_\_\_

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. \_\_\_\_\_

## Delivery of Records (We will send records via Florida Automated System for Transferring Educational Records when possible)

Name of Individual / School / Agency Name: \_\_\_\_\_

Attention / Department: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Name of Individual / School / Agency Name: \_\_\_\_\_

Attention / Department: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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: \_\_\_\_\_