

Alachua County Public Schools
Student Records

Student Records Release Authorization

Complete form and mail to: Alachua County Public Schools
Student Records
620 East University Avenue
Gainesville, FL 32601

Phone: 352-955-7740
Fax: 352-955-7742

Identifying Information		
Present name of student: _____	Signature: _____	Today's Date: _____
<i>First MI Last</i>		
Name while attending school (if different): _____		Parents' Name: _____
<i>First MI Last</i>		
Date of birth: _____	Place of birth: _____	Daytime Phone: _____
Name of Alachua Co. Public School(s) for which you are requesting records: _____	Diploma Type: _____	Last year attended and/or graduation date: _____
	<i>Standard / Adult / GED</i>	

I Authorize The Release of the Following Information
Check all that apply: <input type="checkbox"/> Transcript (<i>may include immunization information and test scores</i>) <input type="checkbox"/> Immunization Information <input type="checkbox"/> Test Scores <input type="checkbox"/> Proof of Age <input type="checkbox"/> Other: _____

I Authorize The Release of the Above Information To	
<input type="checkbox"/> Self: (<i>address</i>) _____ _____ _____ <input type="checkbox"/> Fax to: _____	<input type="checkbox"/> Mail to: (<i>individual-organization-address</i>) _____ _____ _____

Student Records Use Only				
Student Number _____	By _____	ID _____	Film(s)# _____	Certified _____ Uncertified _____