



**The School Board of Broward County**  
**Records Retention**  
**Transcript Request**

7720 W. Oakland Park Blvd., 3<sup>rd</sup> Floor  
 Sunrise, FL 33351

**Instructions:** This form is for students requesting transcripts from 7 years ago and prior. If you attended within the last 7 years, contact your last school. Mail this form and **copy of identification** to Records Retention, to address shown above. Transcript fee for each copy is \$3.00 for official (College, Employment, SS, etc.) OR \$7.00 for certified (Immigration, Subpoenas, etc.), cash or money order only made to: The School Board of Broward County. No personal checks accepted. **All request received incomplete or unacceptable will be returned immediately.**

Check one:  
 OFFICIAL \_\_\_ CERTIFIED\_\_\_

\*This form is not for GED request.

\*Student Name \_\_\_\_\_ \*DOB \_\_\_\_\_  
 Married/Other Name \_\_\_\_\_ SSN \_\_\_\_\_  
 \*Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_ \*Number of Copies: \_\_\_\_\_

\*Last public BROWARD County school(K-Votech) \_\_\_\_\_  
 \*Last year in school \_\_\_\_\_ Did you graduate? Yes OR No If no, last grade attended \_\_\_\_\_  
 Program Title (if applicable) \_\_\_\_\_ Attendance Dates \_\_\_\_\_  
 Did you complete the tech program? Yes or No, \$3 Elem\_\_\_\$3 Middle\_\_\_\$3 High\_\_\_\$3 Tech\_\_\_

**Mail to:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mail to:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Authorization Statement and Authorized Signature**

I certify, under penalty of perjury, pursuant to Florida Statute Section 92.525, that I am the former student requesting my records. I hereby authorize the release of records or information as instructed above.

\*Student INK Signature \_\_\_\_\_

Date \_\_\_\_\_ ATTACH PHOTO ID BEFORE MAILING \*REQUIRED