



Student Records Request Form

Seminole County Public Schools
Department of Information Services
400 E. Lake Mary Boulevard
Sanford, FL 32773

(407)320-0143, TDD (407)320-0290, Internet <http://www.scps.k12.fl.us>

DIRECTIONS: please mail or bring this completed form to the above address

NOTE: Records will be mailed within 3-7 business days after the order has been received. The Records Office is not responsible for an incorrect address or incomplete form provided by you. It is your responsibility to check your request for accuracy. The Records Office **will not** process unsigned requests.

Last Name:	First Name:	Middle:
Maiden:	Other:	
Date of Birth: / /	Daytime Phone: () -	Other Phone: () -
Name of last Seminole County Public School attended:	Graduation/Withdrawal Date:	
Full name while in school:		

Records Requested: (\$10.00 each)	<input type="checkbox"/> Transcript with Immunization	<input type="checkbox"/> Transcript only	<input type="checkbox"/> Immunization only
	<input type="checkbox"/> Replacement Diploma	<input type="checkbox"/> Replacement Certificate of Completion	
Mail To:	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip Code: _____

Records Requested: (\$10.00 each)	<input type="checkbox"/> Transcript with Immunization	<input type="checkbox"/> Transcript only	<input type="checkbox"/> Immunization only
	<input type="checkbox"/> Replacement Diploma	<input type="checkbox"/> Replacement Certificate of Completion	
Mail To:	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip Code: _____

Amount Due:	\$ 10.00 x _____ = _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
	Qty. Ordered Amount Due	(Made payable to Seminole County Public Schools)		
Signature	(MUST BE NOTARIZED UNLESS RECORDS ARE MAILED TO AN EDUCATIONAL INSTITUTION)		Date	
Notary			Date	