



Orange County Public Schools
Document Management- Information Communication Technology Services

Phone: 407.317.3965 Web: www.ocps.net

Student Records Release Authorization

- You may use this form to assist in obtaining your educational records. Please note that you will need to obtain your records from your High School or nearest OCPS High School.
- Submit this form to your school via mail, email or in person. For verification purposes, please provide a copy of your driver's license, state ID or other form of identification showing your name and date of birth.

PLEASE PRINT

<i>Identifying Information</i>			
Present name of student <small>First MI Last</small>	Signature	Today's date	
Name while attending school <small>if different than present name</small> <small>First MI Last (maiden if applicable)</small>	Parents' name		
Date of birth	Place of birth	Daytime telephone #	
Name of Orange County Public School(s) for which you are requesting records <small>if adult, community or vocational school, list course(s)</small>	Diploma type <small>Standard, Adult or GED</small>	Year last attended	

<i>I Authorize the Release of My</i>
Check all that apply <input type="checkbox"/> Transcript <input type="checkbox"/> Immunization information <input type="checkbox"/> Test scores <small>(Transcripts may include immunization information and test scores)</small> <input type="checkbox"/> Proof of age <input type="checkbox"/> Health/Physical information <input type="checkbox"/> Other (specify)

<i>I Authorize the Release of My Above Information To</i>
Self _____ ~ or ~
U.S. Mail _____ <small>Individual / Organization name</small> _____ <small>Attention (if applicable)</small> _____ <small>Address</small> _____ <small>City State Zip</small>
~ or ~
Fax (_____) . _____ . _____ _____ <small>Fax number Attention</small>

<i>SCHOOL USE ONLY</i>				
Student Number	By	ID	Film(s) #	Certified _____
				Uncertified _____