## Student Records Request to FCSD

Student records are confidential and are only available to those who have authorization from the student or parent, guardian or responsible person if the student is under the age of 18. If the student is of the age of 18 or older, student records will not be released to parent, guardian or responsible person without the student's written consent.

Request	Submitt	ea By:						
Requesto	r Name:							
Email:				Pho	ne:		Fax:	
Type:	_Self	Parent/Guardian	K-12 Institut	tionP	ost-Secondary	Institution	Othe	r
Reason(	s) for Re	quest:						
Perso	onal	Student Tra	nsfer l	egal	Other:			
Send Re	quested	Records To:						
Name: _								
Contact:								
Address:			City:		State	e:	Zip:	
Email:	mail:		Phone:			Fax:		
Delivery	Method							
Mail			Fax			Pick Up (by appt.)		
Request	ing Reco	ords From:						
Name:	FRANK	LIN COUNTY SCHOO	OL DISTRICT					
_		DS/TRANSCRIPTS						
Address:	85 SCH	OOL RD.	City:	EASTPOI	NT State:	FL	Zip:	32328
Phone:	(850) 67	70-2810		Fax:	(850) 670-85	579		
Student	Informat	ion:						
Last Name	e:		First Name:			Maiden	Name:	
DOB:/	//_		Last Grade Att	ended/Cor	npleted:			
Paguast	ing the f	ollowing Studen	t Data/Records	e•				
Request	ing the r	-						
			Transcripts	ESI	E Records	Oth	er*	
*If yo	ou selecte	d other, please spe	cify:					
		nger maintains GE ed: Records prior		-	-	-		illing 850-245-0449 time.
Authorizing Signature:				Relationship:			Date:	