

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA

Records Department 500 East Ocean Blvd., Stuart, FL 34994 (772) 219-1200 x 30315 Fax (772) 219-1235

REQUEST AND CONSENT TO RELEASE STUDENT RECORDS

PRINT information

I request and give consent to the School District of Martin County to release/ review/ obtain the following student records:

_____/_____/_____
Current Last name of student First name M. (Maiden or other name) Social Security# (optional) Date of Birth

_____/_____/_____
Current Address City State Zip Home Phone Work Phone

Current Student Graduated

GED Diploma Withdrew Date ____/____/____ Last school attended _____
Withdrawal, Graduation, GED Martin County K-12, Adult Ed.

Release: Transcript (grades, test scores) Immunizations Medical Psychological Report
 Exceptional Student Education (ESE) Other: Specify _____

Release records to: Self and/or to: _____
Name of College, University, Employer, Other (Specify)

_____/_____/_____
Address City State Zip Fax records to: () -

Purpose: _____

THESE RECORDS MAY NOT BE RELEASED TO ANOTHER PARTY AND/OR AGENCY WITHOUT PRIOR APPROVAL OF THE PARENT/GUARDIAN OR ELIGIBLE STUDENT.

I hereby certify that I am the **adult student (18 or over)** who is the subject of the records above. I hereby certify that I am the **legal parent/guardian of the minor student** who is the subject of the records above.

ADULT STUDENT SIGNATURE DATE PARENT/GUARDIAN OF MINOR STUDENT SIGNATURE DATE

An Equal Opportunity Agency

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