



The School Board of Brevard County, Florida
2700 Judge Fran Jamieson Way, Viera, FL 32940

EDUCATIONAL RECORDS REQUEST FORM

DIRECTIONS: Please use this form to request copies and/or review educational records pertaining to your child or if you are a student over the age of eighteen (18) years old.

Requester's Name: _____

Requester's Phone Number: _____

Requester's Address: _____

City: _____ State: _____ Zip: _____

Student's Name: _____ Student's Age: _____

Student's School: _____ Student's Grade: _____

Check all that apply:

As the parent/legal guardian or legally authorized non-custodial parent/legal guardian of the above named child, I am requesting access to **review** and/or **obtain copies** my child's school records. My child is under the age of eighteen (18) years of old and presently enrolled in the above named school.

As a student, I am over the age of eighteen (18) years old and I am requesting access to **review** and/or **obtain a copy** my school records.

Copies of Records. I am requesting a **copy** of the following record(s). (Please specify): _____

Reviewing Records. I want to **review** the following record(s). (Please specify): _____

I understand I will be contacted with further information as to when I may view these records. I further understand that I am not allowed to remove or photograph any record(s) from the office where they are maintained when I view such records. I also understand if I requested copies of these records, the copies will be provided to me at cost, per F.S. §119.07.

Signature of Requester

Date



The School Board of Brevard County, Florida
2700 Judge Fran Jamieson Way, Viera, FL 32940

RECEIPT AND ACKNOWLEDGEMENT FORM

DIRECTIONS: This section is to be filled out when copies of educational records have been provided to the requester.

I, _____ hereby acknowledge that I have been provided with
(Print Name)
copies of the educational records I requested from The School Board of Brevard County, Florida regarding my child.

Signature of Requester Date

Payment Method: Check Money Order Check/Money Order #: _____

DIRECTIONS: This section is to be filled out when the requester has reviewed the educational records.

I, _____ hereby acknowledge that I have been reviewed the
(Print Name)
educational records I requested from The School Board of Brevard County, Florida regarding my child on _____.
(Date Records were Reviewed)

Signature of Requester Date

Signature of Witness (Print Name of Witness) Date

Signature of Witness (Print Name of Witness) Date

10/3/14
4/17/19