Home Education

Request for Duplicate Verification Letter

Student's Name (PRINT): _____

Student's Date of Birth: _____

Current Address to include City, zip code:

_____

_____

_____

Current Phone Number: **(_____)** _____

Current E-mail address: _____

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____

*Evaluations must be up to date **before** a duplicate verification letter is issued. Duplicate verification letters must be mailed to the address listed above. Please allow 36 – 48 hours for processing. THANK YOU!*

Return completed form to the following:
HomeEducation@BrevardSchools.org
Or U.S. Mail to:
Home Education – ESF – Pod 4
2700 Judge Fran Jamieson Way
Viera, FL 32940-6699