



**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 (Print Name)	
provided with copies of the educational records I requested from The School Board of Brevard County, Florida regarding my child.	
_____ Signature of Requester	_____ Date
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> 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 (Print Name)	
reviewed the 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