

MERRITT ISLAND HIGH SCHOOL

100 EAST MUSTANG WAY\* MERRITT ISLAND, FL 32953-3199

321-454-1000 PHONE 321-735-9740 FAX

BANKSTON.KELLIE@BREVARDSCHOOLS.ORG

Brevard County Public Schools

Request for Records

This is to request/authorize the release of school records for the student listed below.

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records to be released but not limited to:

* Cumulative Records
* Official Transcripts
* Withdrawal Grades
* Psychological Records
* Health Records
* Exceptional/Special Education Records

1st request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail, fax or email the information to the above address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Signature of School Representative