# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
## TRANSCRIPT / STUDENT RECORDS REQUEST

*Please Print Clearly – Must Provide Current Photo ID*

Current Last Name of Student _____ First Name _____ M _____ Other Name Used in School _____

Date of Birth _____ Student ID Number _____ Social Security Number (Optional) ___/___/_____

Current Address _____ City _____ State _____ Zip _____ Phone Number (____) _____

School _____ Date of Graduation _____ or Last Date of Attendance _____

*Records Requested:*

Official Transcript_____ Unofficial Transcript_____ Immunizations_____

Exceptional Education Records_____ Other_____

*Send Records To: College/University/School*

Name_____

Address_____

Fax Number_____ *(Faxed records are unofficial only)*

Name_____

Address_____

Fax Number_____ *(Faxed records are unofficial only)*

Number of Copies Requested_____

Signature _____ Date _____

*Please allow five (5) business days for processing after receipt of transcript/student records request.*

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**School Use Only**

Date Request Received_____

Date Records: Picked Up_____ Mailed_____ Faxed_____

Sent Electronically_____

ID Verified by Driver License____ Passport___ Other_____ *(Type)*



An Equal Opportunity Agency