Orange County Public Schools

Document Management- Information Communication Technology Services

Phone: 407.317.3965   Web: www.ocps.net

Student Records Release Authorization

- You may use this form to assist in obtaining your educational records. **Please note that you will need to obtain your records from your High School or nearest OCPS High School.**
- Submit this form **to your school** via mail, email or in person. For verification purposes, *please provide a copy of your driver's license, state ID or other form of identification showing your name and date of birth.*

PLEASE PRINT

Identifying Information

Present name of student	Signature	Today's date
First *MI* *Last*		
Name while attending school *if different than present name*	Parents' name	
First *MI* *Last (maiden if applicable)*		
Date of birth	Place of birth	Daytime telephone #
Name of Orange County Public School(s) for which you are requesting records *if adult, community or vocational school, list course(s)*	Diploma type *Standard, Adult or GED*	Year last attended

I Authorize the Release of My

Check all that apply

_____ Transcript   _____ Immunization information   _____ Test scores
(Transcripts may include immunization information and test scores)

_____ Proof of age   _____ Health/Physical information   _____ Other (specify)

I Authorize the Release of My Above Information To

Self   _____

~ *or* ~

U.S. Mail   _____

Individual / Organization name

_____

Attention (if applicable)

_____

Address

_____

City   *State*   *Zip*

~ *or* ~

Fax   (_____) . _____ . _____ _____

Fax number   *Attention*

SCHOOL USE ONLY

Student Number	By	ID	Film(s) #	
				Certified _____
				Uncertified _____

OCPS1152Rec