

**The School District of Lee County  
Ft. Myers, Florida**

**SCHOOL RECORDS REQUEST  
RELEASE FORM**

Parents, please complete information in this box only:

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**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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**Name and address of school student is coming from**

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**Parent/Guardian Signature** \_\_\_\_\_ **Print Parent/Guardian Name Here**

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**Date** \_\_\_\_\_

\*\*\*\*\*For Office use only below\*\*\*\*\*

**PLEASE MAIL ABOVE NAMED STUDENT RECORDS TO:**

NEW SCHOOL OF ASSIGNMENT: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

SENT BY \_\_\_\_\_

Personal identifiable information that is disclosed to an institution, agency, organization or individual, etc. may be used by its officers, employees and agents but only for the purpose for which disclosure was made. The disclosed information may not be released to any other party without the prior written consent of the parent of the student or the eligible student.

**Ensure Student Success**  
Affirmative Action / Equal Opportunity Employer