


<b>MIS Department</b> <b>Records Division</b> <b>P.O. Box 1678</b> <b>Wauchula, FL 33873</b> Phone: 863-773-9058 Ext. 1230 Fax: 863-773-0069	<b>THE HARDEE COUNTY SCHOOL DISTRICT</b>  <b>STUDENT RECORD REQUEST          AND          RELEASE AUTHORIZATION</b>	<b>Date of Request:</b> ____/____/____ mm      dd      yyyy <input type="checkbox"/> In person <input type="checkbox"/> Inter-office <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail
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LOCATION:	DEPT/DIVISION:
	<input type="checkbox"/> Guidance <input type="checkbox"/> Records Office <input type="checkbox"/> Other

**Mail Requested Information to:**

 University/Agency/Person: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Requested by:**

 Individual  
 Law/Corrections Facility  
 School/University  
 Department of Health  
 Prospective Employer  
 Employment Agency  
 Medical Offices

**Information Requested:**

<input type="checkbox"/> Transcripts/Grades	<input type="checkbox"/> Health/Immunizations	<input type="checkbox"/> Psychological Data	<input type="checkbox"/> Demographics
<input type="checkbox"/> Attendance	<input type="checkbox"/> Enrollment/Withdrawal	<input type="checkbox"/> Individual Education Plan	<input type="checkbox"/> Proof of Residence
<input type="checkbox"/> Driver's Certificate	<input type="checkbox"/> Birth Data	<input type="checkbox"/> Test Data	<input type="checkbox"/> IQ Tests

Student's Last Name _____	First _____	Middle _____
Date of Birth _____	Social Security Number _____	Student ID# _____
Last School Attended _____	Last Grade Attended _____	Last Year in Attendance _____

 Reason for Request:     Birth date Verification     College Entrance     Disability Determination     Job Applicant     Passport     Proof of Residence  
 Other \_\_\_\_\_

**NOTICE:**

This form must be signed by the student, eligible parent or guardian to authorize release of student information. No release of records can occur until this requirement is met. In addition, photo identification is also required for all requests submitted to the HCSD. Please provide a legible copy of ID if request is faxed or mailed.

X _____ Authorized Signature                                      Date	
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**For Office Use Only:**

<p><b>Physical Location Determination:</b></p> Records Retention Office <input type="checkbox"/> Yes <input type="checkbox"/> No Superintendent's Office Vault <input type="checkbox"/> Yes <input type="checkbox"/> No Record Storage Room 200 S. FL <input type="checkbox"/> Yes <input type="checkbox"/> No Other School Site <input type="checkbox"/> Yes <input type="checkbox"/> No  <p style="text-align: center;"><b>Forwarded Request to:</b></p> <input type="checkbox"/> Hardee Senior High <input type="checkbox"/> Adult Ed <input type="checkbox"/> Hardee Junior High <input type="checkbox"/> Hilltop Elementary <input type="checkbox"/> Bowling Green Elementary <input type="checkbox"/> Zolfo Springs <input type="checkbox"/> Pioneer Career Academy <input type="checkbox"/> Wauchula Elementary <input type="checkbox"/> North Wauchula Elementary	<p><b>Form of Storage:</b></p> <input type="checkbox"/> Imaged <input type="checkbox"/> Boxed                      Box Number: _____ <input type="checkbox"/> FOCUS Database <input type="checkbox"/> Teacher's Register of Attendance  <p style="text-align: center;">Date transcript was released:</p> <p style="text-align: center;">____/____/____                    mm      dd      yy</p> <hr/> Witness Signature(RR Specialist/Registrar)    Date
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