

## The School Board of Broward County

**Transcript Request** 

7720 W Oakland Park Blvd, 3rd Floor

Sunrise, FL 33351

## 3<sup>rd</sup> Party Authorization

Instructions: Incomplete or incorrect forms will not be accepted. This form must be completed, signed, and notarized and; Copy of your photo ID must be presented by the person authorized to pick up the transcript. Do not use this form for requests for GED. Transcript fees: \$3.00 for official (College, Employment, SS, etc.) \$7.00 for certified (Immigration, Subpoenas, etc.) Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Married/Other Name \_\_\_\_\_\_ SSN \_\_\_\_\_\_ SSN \_\_\_\_\_ 
 Home Phone \_\_\_\_\_\_\_
 Work \_\_\_\_\_\_\_
 Cell \_\_\_\_\_\_
\_\_\_\_\_ Number of Copies \_\_\_\_\_\_ E-Mail Address Name of last **BROWARD** County school(K-12) Last year in school \_\_\_\_\_\_ Did you graduate? 🗌 Y 🗌 N If no, last grade attended \_\_\_\_\_\_ Official (College, Employment, SS, etc.) Elementary Certified (Immigration, Subpoenas, etc.) Middle High I hereby authorize the release of records or information to: Person authorized to pick up records (Must present id) Relationship to student I certify, under penalty of perjury, pursuant to Florida Statute Section 92.525\*\*, that I am the former student requesting my records Signature \_\_\_\_\_ Date\_\_\_\_\_ **NOTARY REQUIRED:** STATE OF \_\_\_\_\_ COUNTY OF Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Name of person making statement) Print, Type, or Stamp name of Notary\_\_\_\_\_ \*\*We reserve the right to refuse service if we suspect fraud or forgery. 

\*Signature of 3<sup>rd</sup> party \_\_\_\_\_\_ Date \_\_\_\_\_\_

(to be signed in front of office personnel)

Form 4191B REV 08/19 Records Retention