



BROWARD COUNTY PUBLIC SCHOOLS

REQUEST FOR EDUCATION/STUDENT RECORDS

Name of Student:	Date:
Name of Requester:	Requester Tel:
Requesting School:	
Address of Requesting School:	
Requester's Secure Email or Fax:	
Requester's Signature:	

Please provide all education records in reference to the above-named student including, but not limited to, the following:

Student ID Number	Current Report Card showing all grading periods
Monitoring/Safety Plan Records	Partial/withdrawal grades for current grading period
Threat Assessment Records	Complete Transcript
Suicide Assessment Records	Standardized Test Scores
Suspensions/Expulsions	Exceptional Student Education Records
Attendance Records	Section 504 Records and plans
Health Records	Evaluations/Treatment Plans
English Language Learner Plans	All Pertinent Education Records

The records received will be used for enrollment purposes and will not be redisclosed except as permitted pursuant to federal or state statutes.

Please note: "Super confidential" records (for example, records containing information pertaining to an AIDS diagnosis) must include the actual name of the recipient, not just a job title, so the records are received by a specific person, to further protect the student's privacy.