

## The School Board of Broward County Transcript Request

7720 W Oakland Park Blvd, 3<sup>rd</sup> Floor Sunrise, FL 33351

## Pick Up by Another 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 GED request.

Transcript fees: \$2.00 for official (College, Employment, SS, etc.) OR \$7.00 for certified (Immigration, Subpoenas, etc.)

*Student Name		*DOB SSN		
*Home Phone	Work	Cell	·	
			er of Copies	
*Name of last public <b>BROW</b>	/ARD County school(K-12)			
*Last year in school	Did you graduate? Y OR	RN If no, last grade atten	ded	
Official (College, Employ Certified (Immigration, 1	•			
I certify, under penalty of perjury requesting my records	, pursuant to Florida Statute Section	n 92.525, that I am the former	student	
*Signature				
*Date				
		STATE OF COUNTY OF affirmed) ed before me this day of	, 20,	
	by_	(Name of persor	 n making statement)	
	Print, Type, or Stamp name of N	Notary		
*Name of person authorize (Must present id)	ase of records or information t d to pick up records			
(to be signed in front of office personnel) *F		REQUIRED		