

School District of Indian River County
Student Information Request Form
Voice: (772) 564-5052 Fax: (772) 564-5040
Email: Kathaleen.Ross@indianriverschools.org

<i>For Office Use Only</i>	
<input type="checkbox"/> I.D. shown _____	
<input type="checkbox"/> Mailed _____	<input type="checkbox"/> Faxed _____
<input type="checkbox"/> Emailed _____	<input type="checkbox"/> Other _____

**Please mail, email or fax request to:
School District of Indian River County
Records Management, 6055 62nd Ave., Vero Beach, FL 32967**

PLEASE PRINT OR TYPE

PLEASE CHECK APPROPRIATE BOX(S)

Date of request ___/___/_____

Request is for - Number of copies requested _____

- EDUCATIONAL: G.E.D. Elementary High School
 Attendance Test Scores ESE Employment
 Disability Determination Immunization Other
 OFFICIAL Transcript UN-official Transcripts

Records are to be:

- Faxed to: (_____) _____
- Emailed to: (**UN-Official** Transcript only) _____
- Mailed to: _____
- Picked up at **6055 62nd Ave.**, Vero Beach, Florida 32967

When picking up your record request(s) please bring picture identification (i.e.-Driver's License)

Your telephone number (_____) _____ Ext. _____

Email address: _____

Your current name: _____

Maiden name: _____

Birth date ___/___/_____ Social Security Number: _____ - _____ - _____

Place of Birth _____
City State Country

Name of parent/guardian: _____

Name of last school attended (K-12) in Indian River County: _____

Last grade attended: _____ Withdrawal date: ___/___/_____ Graduation date: ___/___/_____

IMPORTANT: Signature of student is required by the Privacy Act. Verified via _____

Student's Signature

Film: _____ Start: _____ End: _____
Focus Archived Yes Terms Yes Focus Yes

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