

RECORDS REQUEST FORM

Glades County School District
400 10TH Street SW
Moore Haven, FL 33471
Fax: (863)-946-1529

Please submit this request form with a photo ID.

Questions? Call Joanna Martinez at (863)-946-2083 ext. 2524

Email: Joanna.martinez@glades-schools.org

Date: _____

PART A: Student Information

Student Name at time of enrollment:

Last _____ First _____ MI _____

Present Name (if different):

Last _____ First _____ MI _____

Date of Birth: _____ Social Security#(Optional) _____ - _____ - _____

Phone Number (_____) _____ Email: _____

Graduated: Y _____ N _____ Last Year of Enrollment: _____

Records Requested: (check all that apply)

Transcript Copy

Graduation Verification

Official Transcript (Sealed)

Other (be specific) _____

Cumulative Records _____

PART B: Where records are to be sent *(Please allow 3-5 business days for records to be processed)*

I would like my records: Mailed Faxed Emailed Pick up

Location Name/Attention to: _____

Mailing Address: _____

Fax #: _____ Email: _____

Comments: _____

Student Signature

Date

PART C: For Office Use Only

Request made by: Phone Fax Email Walk-in *Date Received:* _____

Sent: Mail Fax Email Picked up *Date Sent:* _____

Sent By: _____

Comments: _____