



The School Board of Broward County
TRANSCRIPT REQUEST

7720 West Oakland Park Boulevard, 3rd 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.

*Student Name _____ *DOB _____

Married/Other Name _____ SSN _____

*Home Phone _____ Work _____ Cell _____

E-Mail Address _____ *Number of Copies _____

*Last year in school _____ Did you graduate? Y OR N If no, last grade attended _____

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 _____

I hereby authorize the release of records or information to:

*Name of person authorized to pick up records _____
(must present ID)

*Relationship to student _____

*Signature of 3rd party _____ Date _____

(to be signed in front of office personnel)

***REQUIRED INFORMATION**

Form 4191B
rev 09/18 - Records Retention