



**Miami-Dade County Public Schools  
Federal and State Compliance Office  
Records & Forms Management  
2740 N.W. 104 Court  
Miami, Florida 33172**

## Student Records / Transcript Request

This form is utilized to request student records/transcripts for students who last attended Miami-Dade County Public Schools **prior to 1990**. All other student records/transcript requests are to be sent directly to the last school of attendance.

Please complete the information below and send via email to Records & Forms Management at [records@dadeschools.net](mailto:records@dadeschools.net). Fax to (305) 717-3485 **or** Mail to Miami-Dade County Public Schools, Records & Forms Management at 2740 N.W. 104 Court, Miami, FL., 33172.

**PLEASE NOTE:** Form must be signed, and requestor must include a copy of a valid photo identification for processing in the order received.

Student Information		
Name while attending school: (First, Middle, Last)	Current name, if different: (First, Middle, Last)	
Current address:	Student date of birth: (MM/DD/YY)	
Primary telephone number:	Alternate number:	
School Information		
Name of last school attended in Miami-Dade County Public Schools	Last year attended:	Graduation year, if applicable:
<b>Please mark an X next to the preferred method of delivery below:</b>		
U.S. Mail  <b>** Requestor must provide self-addressed stamped envelope/s with the address of location/s for submission of records.</b>	Address 1: _____ _____ _____ Address 2: _____ _____ _____	
Fax number:		
Email address:		
Under penalties of perjury, pursuant to F.S. 95.525, I declare that I am the former student requesting school records/transcripts, or the parent of an underage student, and that facts presented herein are true.		
_____ Signature		_____ Date