



**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, 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	
List the name of the last school attended in M-DCPS or list the name of another school attended in M-DCPS for which a transcript is requested. (Only list one school.)	Last year attended: _____
	Years attended: _____
Did you Graduate from High School? Yes ___ No ___ What year did you Graduate from High School? _____	
Please mark an X next to the preferred method of delivery below:	
U.S. Mail Requestor can provide self-addressed stamped envelope/s with the full address of location/s for submission of records.	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 _____