

**St. Johns County School District
Student Records
1 Christopher Street, St. Augustine, FL 32084
Phone: 904-547-7137 or 904-547-7133
Fax: 904-547-7135**

Request for Student Record

Identifying Information:

Complete legal name while attending school _____

Name currently used, if different _____

Last school attended in St. Johns County _____

Dates of attendance in St. Johns County From _____ To _____

Birthdate _____ Social Security Number _____

Contact number or email address _____

Records Requested:

\$6.00 per copy-please indicate quantity needed in space provided

____ High school transcript, Official ____ Birthdate verification

____ High school transcript, Unofficial ____ Immunization records

____ Graduation verification ____ Copy of school records

____ ESE records (only available within 5 years of graduation or withdrawal from school)

____ Other (Please describe) _____

Send requested records to (address or fax number):

I authorize release of my records to the above named person. Please include copy of photo ID.

Signature: _____ Date: _____

**Please include a Money Order or Cashier's Check made payable to:
St. Johns County School District**

Return completed form with payment and copy of photo ID to:

By mail: St. Johns County School District
Student Records
40 Orange Street
St. Augustine, FL 32084

In person: Evelyn Hamblen Center
Student Records
1 Christopher Street
St. Augustine, FL 32084

WE DO NOT ACCEPT CASH OR PERSONAL CHECKS