

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

(This is for District Student Records Department Only.)

Identifying Information:

Complete legal name while attending school _____

Name currently used, if different _____

Birthdate _____

Last public school attended in St. Johns County _____

Last year of attendance in St. Johns County _____

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 (Included on Transcript)

____ 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):

Not all colleges will accept a fax as an official transcript

I authorize release of my records to the above named entity. 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