



Request for School Records and Release Authorization

Complete Legal Name (while attending school): _____

Name currently used (if different then above): _____

Last public school attended in Citrus County: _____

Graduation or withdrawal date: _____

Birthdate: _____ Student ID# _____

Phone # or email address where you can be contacted: _____

Records requested:

(Please indicate quantity needed in space provided)

- _____ High school transcript, official
- _____ High school transcript, unofficial
- _____ Graduation verification
- _____ Birth date verification
- _____ Immunization records
- _____ Other (please describe) _____

Send requested records to:

(Name) _____

(Address) _____

Your Signature (required): _____ Date: _____

Enclose a \$5.00 check or money order made payable to:
Citrus High School and mail or bring your request to:

Citrus High School
Attention: Records
600 W. Highland Blvd
Inverness, FL 34452

Office Use: Date Rec'd: _____ Date Pd: _____ Receipt # _____ Date Mailed: _____
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