



Charlotte County Public Schools

Information and Communication Systems

1445 Education Way

Port Charlotte, FL 33948

941-255-0808, fax: 941-255-7574

email: ccps.records@yourcharlotteschools.net

Please print or type. If typing, Save as a PDF file with your name as the filename.

Date: _____

Record Request Form

Student Information

Name: _____

Previous Names : _____

Date of Birth: _____ Last 4 Social Security #: XXX - XX - _____

Address: _____

Phone Number: _____ Email: _____

What are you requesting?

Official Transcript

Unofficial Transcript

Education Verification

Copy of Certification

Other(please explain): _____

School Information

School Attended: _____

Dates of Attendance: _____ Did you graduate? Yes No

Routing Information

Send to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number _____ Fax Number: _____

Attention to: _____

Additional
Comments:

Verification of identity is required for any requests to be sent anywhere other than a college or university. The signed request form and a copy of legible identification can be mailed, faxed or e-mailed to the address above.

Signature: _____

Date: _____