



Questions? Call 407-857-6588

Records Request Form

Use this form to request a copy of your student's records. Complete, print, sign, and submit this form by email: flvsft-efax@flvsft.connectionsacademy.org, fax: 407-641-8224, or by mail: 5401 S Kirkman Rd, Suite 550 Orlando, FL 32819. *Parent/Guardian Signature is required.* Only parents or guardians identified in Connexus may request records.

Requestor Information

_____ Parent/Guardian Last Name	_____ Parent/Guardian First Name	_____ Household PIN Number
_____ Primary Phone Number		

Requesting Records For

_____ Student's Last Name	_____ Student's First Name	_____ Student's Date of Birth
_____ Student's Grade Level		

Request Destination(s)

I am requesting:

Official Transcript Report Card Other: _____

Send To:

Name of School or Send to the Attention of

Select method of delivery: FAX MAIL EMAIL (Include fax number, mailing address, or email address above)

Next School Information

This section is only to be completed if your student has been withdrawn and will not be returning to Florida Virtual School Full Time.

_____ Next School Name	_____ Next School County	_____ Next School State
<input type="checkbox"/> Public School <input type="checkbox"/> Private School	<input type="checkbox"/> Charter School <input type="checkbox"/> Other Virtual School	<input type="checkbox"/> Home School

Parent/Guardian Approval

By signing below, I give Florida Virtual School Full Time permission to send requested records to the above location(s). Signature is required for processing.

_____ Parent/Guardian Signature	_____ Date
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Records requests will be processed within 24-48 business hours once received