

COMPLETE and SEND this form to your child's PRIOR school (if applicable).



Collier County Public Schools  
5775 Osceola Trail, Naples, FL 34109  
Email: [records@collierschools.com](mailto:records@collierschools.com)  
Phone: 239-377-0507

CCPS STDT ID: \_\_\_\_\_

**Student Records Request  
from CCPS**

Information security and confidentiality are matters of serious concern for all persons who have access to student education, health, and medical records. The information contained in a student's "educational records" is protected by the Family Educational Rights and Privacy Act (FERPA of 1974 (20W.S.C. 123g(a)). The Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Rule (Code of Federal Regulations, Title 45, Part 164) governs how "covered entities" may use and disclose "protected health information".

**Request Submitted By:**

Requestors Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Send Requested Records To:**

Name: COLLIER COUNTY PUBLIC SCHOOLS – RECORDS DEPARTMENT CCPS Box #: 162

Contact: RECORDS DEPARTMENT

Address: 5775 OSCEOLA TRAIL City: NAPLES State: FL Zip: 34109

Email: RECORDS@COLLIERSCHOOLS.COM Phone: (239) 377-0507 Fax: (239) 377-0551

**Requesting Records From:**

School Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Collier County Public Schools is Requesting the following Student Data/Records:**

- ALL RECORDS
- Health/Immunizations
- Report Card
- Grades/Test Scores
- Academic
- Legal
- Section 504 Plan
- Transcript (Unofficial)
- Birth Certificate
- Psychological
- Special Education
- Transcript (Official)
- English Language Learners

**OTHER** \_\_\_\_\_

I consent for the above named school to release my child's school records and any legal documents to Collier County Public Schools.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date