

THIS PAGE MUST BE ON TOP OF YOUR RESPONSE, DO NOT USE ANY OTHER FAX COVER SHEET



Collier County Public Schools
 5775 Osceola Trail, Naples, FL 34109
 Email: 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> ALL RECORDS | <input type="checkbox"/> Health/Immunizations | <input type="checkbox"/> Report Card | <input type="checkbox"/> Grades/Test Scores |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Legal | <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Transcript (Unofficial) |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Psychological | <input type="checkbox"/> Special Education | <input type="checkbox"/> Transcript (Official) |
| <input type="checkbox"/> 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