

**REQUEST FOR SCHOOL RECORDS AND
RELEASE AUTHORIZATION - PINELLAS TECHNICAL COLLEGE**

Date: _____

STUDENT INFORMATION:

Student Name while attending: _____

Program: _____

Date of Attendance from _____ to _____

Birthdate _____

Phone Number and Email where you can be contacted, in case of questions.

Phone _____ Email _____

RECORDS REQUEST:

Change of Address or Phone or Email:

From: _____ New: _____

_____ Change of Name (Bring proof of name change, DL, marriage certificate, etc.)

_____ Early Learning Coalition - School Training Verification for period _____

_____ Copy of Original Certificate of Completion

_____ Transcript Requests: PLEASE GIVE THE DATE OF COMPLETION

Official ___ Unofficial ___ Program _____

(Official Transcripts must be mailed or picked up in Student Services)

_____ Letters for Proof of Enrollment. **REQUIRE at least 48 HRS.**

***Please Note: If student withdraws within 10 business days, the above recipient will be notified.**

Student Signature **Required** for all requests _____

SEND TO: _____

REQUEST MAY BE DROPPED OR PICKED UP IN STUDENT SERVICES, BLDG. #1

MAILED TO: ATTN. RECORDS DEPARTMENT

6100-154TH AVENUE NORTH, CLEARWATER, FL 33760

FAX (727) 524-4445 or EMAIL: canfieldj@pcsb.org

(Any program records that are dated more than 7 years old are maintained by the Central Records Department of Pinellas County; they may be reached at 727-793-2701) Rev: 02/2026