



# Southwest Florida Public Service Academy

4312 Michigan Ave Ft. Myers FL 33905

Tel: (239) 334 - 3897 - Fax: (239) 334 - 8794

Todd Everly, Director

## **REQUEST FOR RECORDS**

**(PLEASE PRINT CLEARLY)**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Only if different from the residential address above)

I was in the following program:

Law Enforcement       Corrections       Crossover       Fire Academy

Class No: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

I am requesting:

My Official Transcript

Other: \_\_\_\_\_

(Please be as specific as possible) **COPIES FROM YOUR STUDENT FILE WILL INCUR A CHARGE OF \$0.50/PAGE.**

Name of Person Requesting Transcript: \_\_\_\_\_

(If other than yourself)

Complete Address to Mail Transcript: ATTN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **ATTENTION:**

1. MAIL REQUEST TO: SOUTHWEST FLORIDA PUBLIC SERVICE ACADEMY (4312 MICHIGAN AVE., FORT MYERS, FL 33905) **ATTENTION: TRANSCRIPTS OR EMAIL YOUR REQUEST TO CASSIE WALLACE AT [CASSANDRASH@LEESCHOOLS.NET](mailto:CASSANDRASH@LEESCHOOLS.NET) (LAW ENFORCEMENT, CROSSOVER OR FIRE) OR TARIA NIEVES AT [TARIAN@LEESCHOOLS.NET](mailto:TARIAN@LEESCHOOLS.NET) (CORRECTIONS AND EMT)**
2. PLEASE ALLOW 1 WEEK FOR PROCESSING OF THIS RECORDS REQUEST.
3. INCOMPLETE OR ILLEGIBLE "REQUEST FOR RECORDS" WILL NOT BE PROCESSED.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_