Robert Morgan Educational Center & Technical College

18180 SW 122 Ave · Miami, FL 33177
305-253-9920 Phone · 305-253-3023 Fax

REQUEST FOR POSTSECONDARY RELEASE OF INFORMATION

NOTES:

- *IF YOU ARE REQUESTING A GED TRANSCRIPT, CLICK THE LINK TO THE GED REQUEST FORM*
- *IF YOU WERE A DUAL ENROLLMENT STUDENT PLEASE CONTACT YOUR HOME HGH SCHOOL*

NAME (WHILE ATTENDING ROBERT MORGAN) _____

DATE OF BIRTH _____ TELEPHONE _____

OFFICIAL COURSE TITLE _____

TEACHER _____ APPROXIMATE YEAR OF GRADUATION _____

ADDRESS (WHERE TO SEND RECORDS) _____

_____

_____

OTHER (EXPLAIN) _____

_____

_____

_____

_____

BY SUBMITTING THIS FORM, I HEREBY GRANT THAT I AM THE STUDENT NAMED ABOVE AND ALSO GRANT PERMISSION FOR THE RELEASE OF THE ABOVE INFORMATION

SIGNATURE _____ DATE _____

Once this form has been completed, please email the completed form to irenemontoto@dadeschools.net and LPGomez@dadeschools.net for processing.

TRANSCRIPTS MAY TAKE UPTO TWO (2) WEEKS

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 codified at 20 U.S.C. & 1232g. Therefore, all documents contained in student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identified information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or legal student.

UPDATED 8/21/2026