

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1994-95 July 1, 1994
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<b>Element Name: Address, Mailing</b>													
<b>Definition/Domain</b>													
<p>The student's mailing address as follows:</p> <table border="0"> <tr> <td>(25 characters)</td> <td>Line 1</td> <td>Street number and name, P. O. Box, or route and box number.</td> </tr> <tr> <td>(10 characters)</td> <td>Line 2</td> <td>Apartment number, building number, etc.</td> </tr> <tr> <td>(20 characters)</td> <td>Line 3</td> <td>City and state. Positions 19-20 must always be the two-character state code. See Appendix H: State Codes.</td> </tr> <tr> <td>(9 characters)</td> <td>Line 4</td> <td>Zip code left justified.</td> </tr> </table>		(25 characters)	Line 1	Street number and name, P. O. Box, or route and box number.	(10 characters)	Line 2	Apartment number, building number, etc.	(20 characters)	Line 3	City and state. Positions 19-20 must always be the two-character state code. See Appendix H: State Codes.	(9 characters)	Line 4	Zip code left justified.
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(20 characters)	Line 3	City and state. Positions 19-20 must always be the two-character state code. See Appendix H: State Codes.											
(9 characters)	Line 4	Zip code left justified.											
<b>Length:</b> 64	<b>Grades and Programs Requiring This Data Element:</b>												
<b>Format:</b> Alphanumeric	All Programs Grades PK-12                      Adult Secondary Education												
<b>Compatibility Requirement:</b> Compatible	Adult Basic Skills Adult Postsecondary Vocational												
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>												
<input type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability <input checked="" type="checkbox"/> F.A.S.T.E.R. <input checked="" type="checkbox"/> Migrant Tracking	None												
<b>Data Element Number:</b> 100225	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9												
<b>Revised: 7/07</b>	<b>Volume I                      Effective: 7/07                      Page Number: 2-1</b>												

