SAINT PAUL PUBLIC SCHOOLS CONSENT TO RELEASE PRIVATE DATA

Student Placement Center 2102 University Avenue West Saint Paul, MN 55114-1806 651-632-3700 main 651-632-3704 fax



Student Information (please print): Student Name (as it was when attending school): Parent Name: Name of Last Saint Paul Public School Attended: I authorize: Independent School District No. 625, and its employees or agents, 360 Colborne Street Saint Paul, Minnesota 55102 To release information to: Address: State: ____ Zip Code: ____ The information to be released: Certified Transcripts or documents requiring certification (\$5.00 fee) Diploma (\$5.00 fee) **Immunizations** Other (specify): NO CHECKS ACCEPTED. We accept cash, money orders, cashier's checks, Visa, Mastercard, Discover, Money orders and cashier's checks should be made payable to Saint Paul Public Schools. Visit pay.spps.org and click on Transcripts and Diplomas to make payment via credit card. The reason for this request: I understand that this authorization takes effect the day that I sign it. It expires on _____ or no more than one year from the date of my signature I also understand that I may change this authorization at any time. Parent Signature (or Student if of legal age) **Phone Number** Date