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

SAINT PAUL PUBLIC SCHOOLS
CONSENT TO RELEASE PRIVATE DATA

Student Information (please print):

Student Name (as it was when attending school)**:** _____

Date of Birth: _____ **Parent Name:** _____

Name of Last Saint Paul Public School Attended: _____

Date of Last Attendance: _____ **Graduated?** ☐ **Yes** ☐ **No** **If Yes, Date:** _____

I authorize: Independent School District No. 625, and its employees or agents,
360 Colborne Street
Saint Paul, Minnesota 55102

To release information to:

Name: _____

Address: _____

City: _____ **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)	Date	Phone Number