

St. Louis Public Schools Student Transcripts Office

Student Record Request Form LK 26/10/16

- A **NON-REFUNDABLE** fee payable to St. Louis Public Schools is charged for each record provided.
- If no requested records are available in SLPS records cache a refund MAY be issued
- Cash/money order/cashiers' check only, no personal checks credit or debit cards are accepted at this time
- Copy of photo identification is required at the time of request
- Birth Certificate of student is required for Deferred Action Records requests
- **Complete a separate form and submit separate payment for each search**
- Power of attorney must be provided for requests by persons other than adult age former student or parent of minor
- Return form(s) to:

**St. Louis Public Schools
Student Transcripts Office
801 No. 11th St.
St. Louis, MO 63101**

OR Email to:

SLPSTRANSSCRIPTS@SLPS.org

High School and LPN Transcript requests received will be sent within 3 (three) SLPS District working days of receipt of request. Genealogy search within 10 (ten) SLPS District working days. SLPS is not responsible for U.S. Postal Services.

PLEASE PRINT

<u>Type of Record(s) Requested</u>	<u>Fee</u>	<u>Year Last Attended, Graduated or Withdrawn</u>
_____ Elementary (KG-8 th) Record	\$5.00	_____
_____ High School Transcript	\$5.00	_____
_____ Deferred Action Record	\$5.00	_____
_____ Nurse (LPN) Transcript	\$10.00	<u>Name of</u>
_____ Genealogy Search	\$20.00	<u>School</u> _____

**Name of Student While
Attending School** _____

<u>Date of Birth</u>	<u>First Place of Birth</u>	<u>Middle</u>	<u>Last</u>
_____	_____	_____	_____
<i>Month/Day/Year</i>		<i>City/State/Country</i>	

Names of all St. Louis City Public Schools attended

Address(es) of student while attending St. Louis City Public Schools

Parents'/Guardians Names _____
Father *Mother*

Signature of Former Student _____

Current Address _____

City/State/Zip _____

Telephone (include area code) _____

- High School or LPN Transcripts requested by a college, university, vocational school, or potential employer **requiring an official copy with affixed seal** must be U.S. mailed directly to the institution.
- Provide name and address of the institution to send to if applicable.
- If institution allows an email transcript can be sent. **NO FAXES WILL BE SENT.**

Institution Name _____

Address _____

City/State/Zip _____

Institution email if applicable _____