## St. Louis Public Schools Student Transcripts Office Student Record Request Form LK 22/04/19

- A **NON-REFUNDABLE** fee payable to St. Louis Public Schools is charged for <u>each</u> record provided.
- Cash/money order/cashiers' check only, no personal checks, credit or debit cards are accepted.
- 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 for each search
- If request is made by someone other than student or parent, attach power of attorney
- Return form(s) to:

Institution email if applicable

St. Louis Public Schools Student Transcripts Office

801 No. 11<sup>th</sup> St. St. Louis, MO 63101 OR Email to:

SLPSTRANSCRIPTS@SLPS.org

Type of Record(s) Requested Fee Elementary (KG-8**) Record \$3.00 Year Last Attended, High School Transcript \$3.00 Graduated or Withdrawn Deferred Action Record \$3.00 Graduation Class List \$5.00 Name of Nurse (LPN) Transcript \$5.00 School Genealogy Search \$10.00    School Genealogy Search Structure Of First Middle Last Date of Place of Birth School Genealogy Search Genealogy Search Genealogy Search School Genealogy Search Graduated Or School Genealogy Search G	<u>PLEASE PRINT</u>				
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Graduation Class List \$5.00 Name of Nurse (LPN) Transcript \$5.00 School Genealogy Search \$10.00  Name of Student While Attending School  First Middle Last  Place of Birth Month/Day/Year City/State/Country  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 Nurse Transcripts requested by a college, university, vocational school, or potential employer require an official copy with affixed seal. These transcripts must be mailed in the U.S. Mail directly from this office to the institution. Provide name and address of the institution to send to if applicable. NO FAXES WILL BE SENT.  Institution Name Address		T	Ordanda or William		
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