

**St. Louis Public Schools Student Transcripts Office**

**Student Record Request Form** LK 20/03/18

- A **NON-REFUNDABLE** fee payable to St. Louis Public Schools is charged for each record provided.
- Cash/money order/cashiers' check only, no personal checks, credit or debit cards are accepted.

**FEES WAIVED Until Further Notice**

- 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:

**St. Louis Public Schools**  
**Student Transcripts Office**  
**801 No. 11<sup>th</sup> St.**  
**St. Louis, MO 63101**  
**OR Email to:**  
**SLPSTRANSSCRIPTS@SLPS.org**

**PLEASE PRINT**

<b><u>Type of Record(s) Requested</u></b>	<b><u>Fee</u></b>	<b><u>Year Last Attended, Graduated or Withdrawn</u></b>
_____ Elementary (KG-8 <sup>th</sup> ) Record	\$3.00	_____
_____ High School Transcript	\$3.00	_____
_____ Deferred Action Record	\$3.00	_____
_____ Graduation Class List	\$5.00	<b><u>Name of School</u></b> _____
_____ Nurse (LPN) Transcript	\$5.00	_____
_____ Genealogy Search	\$10.00	_____

**Name of Student While**

**Attending School** \_\_\_\_\_

<b><u>Date of Birth</u></b> _____	<b><u>First Place of Birth</u></b> _____	<b><u>Middle</u></b> _____	<b><u>Last</u></b> _____
<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 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**

**City/State/Zip**

**Institution email if applicable**