

**STUDENT RECORDS OFFICE  
 PARKWAY SCHOOL DISTRICT  
 12657 FEE FEE ROAD  
 ST. LOUIS, MO 63146  
 (314) 415-5063 • FAX: (314) 415-5070**

<b>FOR OFFICE USE ONLY</b>		
# of transcripts	_____	
Amount Paid	_____	
Cash	Check	Money O
Check #	_____	
I.D.	_____	
Initials	_____	

**RECORDS REQUEST FORM**

DATE: \_\_\_\_\_

There is a \$3.00 fee for each request. An additional \$1.00 will be charged for a Fax. Cash, money order or personal check made out to PARKWAY SCHOOL DISTRICT is accepted. We do not accept debit/credit cards. If record is to be hand-carried, identification is REQUIRED. Written authorization MUST BE PROVIDED (by former student 18 years of age or older) for any other person to **pick up** copy of record. If parent is still supporting student, then authorization from student is not required.

**Please check each item requested:**

- |  |  |
|--|--|
| <input type="checkbox"/> Elementary/Junior High/Middle School Record         | <input type="checkbox"/> Graduation Verification Letter (no fee)       |
| <input type="checkbox"/> * High School Transcript (including ACT/SAT Scores) | <input type="checkbox"/> Driver Education Verification Letter (no fee) |
| <input type="checkbox"/> Complete Educational Record                         | <input type="checkbox"/> Immunization Record                           |

**Name used while attending Parkway school: (Please print)**

\_\_\_\_\_  
 Last First Middle Date of Birth

Social Security Number \_\_\_\_\_

Name of LAST PARKWAY School Attended \_\_\_\_\_

Month/Year Left Parkway \_\_\_\_\_ Graduate? Yes  No  Grade level at time of Withdrawal \_\_\_\_\_

**Where do you want us to send Record/Transcript:**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Send to College/University (Official)  | <input type="checkbox"/> 5. Self/Personal (Unofficial)                       |
| <input type="checkbox"/> 2. Student Hand-Carry to Institution (Official)<br><i>(Make sure institution will accept as official)</i> | <input type="checkbox"/> 6. Send to Vocational/Technical School (Official)   |
| <input type="checkbox"/> 3. Scholarship/Financial Aid Application (Official)   | <input type="checkbox"/> 7. Elementary/Junior High/or High School (Official) |
| <input type="checkbox"/> 4. Employer (Official)  | <input type="checkbox"/> 8. Military (Official)                              |

\* If an OFFICIAL high school transcript is requested for use by a college, university, vocational school or potential employer, the transcript must be mailed directly from this office, unless institution approves a hand-carried/faxed copy. Provide the complete name and address of where you would like your transcript sent by our office below (We will fax and send in mail for \$4.00 fee. Please include address and fax number if you wish records to be faxed and mailed.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fax Number/Contact Name: \_\_\_\_\_

**Signature** (Must have signature to process): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Student print present name if different from record: \_\_\_\_\_

Student's Current Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please check here \_\_\_ if you do **not** wish address information released to the Parkway Alumni Association.

**OFFICE USE ONLY**

Initials

Date Completed

First Name

Last Name