

**STUDENT RECORDS OFFICE
 PARKWAY SCHOOL DISTRICT
 760 WOODS MILL RD.
 BALLWIN, MO 63011
 FAX: (314) 415-9050
 kkruger@parkwayschools.net**

RECORDS REQUEST FORM

DATE: _____

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 (Do not need if transcript is requested.) |
| <input type="checkbox"/> * High School Transcript (including ACT/SAT Scores) | <input type="checkbox"/> Driver Education Verification Letter |
| <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

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)
<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. 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