OFFICE USE ONLY

Last Name | First Name | Date Completed | Initials

STUDENT RECORDS OFFICE
PARKWAY SCHOOL DISTRICT
760 WOODS MILL RD.
BALLWIN, MO 63011
(314) 415-5063 • FAX: (314) 415-5070

RECORDS REQUEST FORM

FOR OFFICE USE ONLY
# of transcripts_____
Amount Paid_____
Cash Check Money O
Check #_____
I.D. _____
Initials_____

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:

- ❑ Elementary/Junior High/Middle School Record
- ❑ * High School Transcript (including ACT/SAT Scores)
- ❑ Complete Educational Record
- ❑ Graduation Verification Letter (no fee) (Do not need if transcript is requested.)
- ❑ Driver Education Verification Letter (no fee)
- ❑ 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:

- ❑ 1. Send to College/University (Official)
- ❑ 2. Student Hand-Carry to Institution (Official) *(Make sure institution will accept as official)*
- ❑ 3. Scholarship/Financial Aid Application (Official)
- ❑ 4. Employer (Official)
- ❑ 5. Self/Personal (Unofficial)
- ❑ 6. Send to Vocational/Technical School (Official)
- ❑ 7. Elementary/Junior High/or High School (Official)
- ❑ 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.