

**STUDENT RECORDS OFFICE
 PARKWAY SCHOOL DISTRICT
 760 WOODS MILL RD.
 BALLWIN, MO 63011
 (314) 415-9062 • FAX: (314) 415-9050**

FOR OFFICE USE ONLY		
# 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)
(Do not need if transcript is requested.) |
| <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)
<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