## St. Louis Public Schools Student Transcripts Office Student Record Request Form LK 22/04/19

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

SLPSTRANS	CRIPTS@SLPS	s.org		
	PLEASE	PRINT		
Type of Record(s) Request         Elementary (KG-8 <sup>th</sup> ) Record         High School Transcript         Deferred Action Record         Graduation Class List         Nurse (LPN) Transcript         Genealogy Search	ed Fee \$3.00 \$3.00 \$3.00 \$5.00 \$5.00 \$5.00 \$10.00	Year Last Attended, <u>Graduated or Withd</u> Name of <u>School</u>		
Name of Student While				
Attending School				
<u>Date of</u> <u>Birth</u>	<i>First</i> <u>Place of</u> <u>Birth</u>	Middle	Last	
Month/Day/Year		City/State/Country		
Names of all	St. Louis City	Public Schools attend	ed	
Parents'/Guardians Names	Father		Mother	
Signature of Former Student				
Current Address				
City/State/Zip				
Telephone (include area code)				
<ul> <li>High School or LPN Nurse Transcripter employer require an official copy with the mailed in the transcripts must be mailed in the Provide name and address of the in</li> </ul>	th affixed seal the U.S. Mail	directly from this office to	o the institution.	
Institution Name				
Address				
City/State/Zip				

Institution email if applicable