

**St. Louis Public Schools
Records Center/Archives
& Student Record Room
Student Record Request Form**

A NON-REFUNDABLE \$3.00 PER SEARCH fee (cash/money order/cashiers' check) payable to St. Louis Public Schools is charged for each record requested. **NO PERSONAL CHECKS.** COPY OF PHOTO IDENTIFICATION IS REQUIRED AT THE TIME OF REQUEST. Complete a separate form for each search. Return form(s) to the St. Louis Public Schools Records Center/Archives Student Record Room, 1615 Hampton Ave., St. Louis, MO 63139. if requested by other than student or parent, attach power of attorney.

Type of Record Requested:	_____ Elementary (K-8) Record	\$3.00	Last Yr. attended _____
	_____ High School Transcript	\$3.00	Yr. Graduated or Withdrawn _____
	_____ Graduation Class List	\$5.00	School _____ Yr. _____
	_____ Nurse (LPN) Transcript	\$5.00	Year Graduated or Withdrawn _____

Please provide all information requested:

Name(s) of Student While Attending School. PLEASE PRINT:

First Middle Last

Date of Birth: _____
Month/Day/Year

Place of Birth: _____
City/State/Country

Names of all St. Louis City Public Schools attended:

_____ Yr. Graduated

Address(es) of student while attending St. Louis City Public Schools:

Parents' or Guardians' names:

_____ Father _____ Mother

Signature of Former Student:

Current Address:

City/State/Zip:

Telephone (include Area Code):

High School or LPN Nurse Transcripts requested by a college, university, vocational school, or potential employer require an official copy with affixed seal; these transcripts must be mailed directly from this office to the institution. Provide name and address if applicable.

Name RECORDS DEPOSITION SERVICE, INC. P: 248-357-3330 F: 248-357-3337
Address PO BOX 5054
City/State/Zip SOUTHFIELD, MI 48086-5054