

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

- ☐ Elementary/Junior High/Middle School Record  
☐ \* High School Transcript (including ACT/SAT Scores)  
☐ Complete Educational Record

- ☐ Graduation Verification Letter (Do not need if transcript is requested.)  
☐ Driver Education Verification Letter  
☐ 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:**

- ☐ 1. Send to College/University (Official) ☐ 5. Self/Personal (Unofficial)  
☐ 2. Student Hand-Carry to Institution (Official) ☐ 6. Send to Vocational/Technical School (Official)  
(Make sure institution will accept as official)  
☐ 3. Scholarship/Financial Aid Application (Official) ☐ 7. Elementary/Junior High/or High School (Official)  
☐ 4. Employer (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 an institution approves a hand-carried/emailed copy. Provide the complete name and address of where you would like your transcript sent by our office below. Please include an email address if you wish for records to be sent by email.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

**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.