



Student Records Request

NAME USED WHILE ATTENDING SCHOOL: _____ first, middle, last

CURRENT NAME: _____ first, middle, last

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH _____ CURRENT TELEPHONE # _____

EMAIL: _____

LAST METRO SCHOOL ATTENDED: _____ STUDENT ID# _____ (If known, not required)

DID YOU GRADUATE? _____ LAST YEAR ATTENDED OR GRADUATED _____

Indicate which records you are requesting (check all that apply)

- High School Transcript & Test Scores \$5.00 per transcript
Middle / Elem School Records \$5.00 per transcript
Attendance Records \$3.00
Complete Record \$5.00 up to 20 pages. 15¢ per additional page
Immunization Record (if available) (Included when requested with transcript) \$3.00 per record
Graduation Verification Letter \$3.00
GED Transcript Year GED Received \$5.00 per transcript

Number of copies requesting _____ Amt Paid _____

Please allow 10 business days after receipt of request to complete

Mail Transcript to:

Name _____
Address _____ City _____
State _____ Zip Code _____

Name _____
Address _____ City _____
State _____ Zip Code _____

Under penalty of perjury I affirm the signature below is that of the individual named above or the parent/guardian of a former student who is under the age of 18.

SIGNATURE OF FORMER STUDENT/PARENT/GUARDIAN REQUIRED

Student/Parent ID Verified []
MNPS Representative Signature _____