

REQUEST FOR MPLS TRANSCRIPT FORM

This form may be completed by a Malcolm Price Laboratory School student or their parent and/or guardian. If the receiving location is some place *other than* another educational institution, the requesting individual(s) must provide a photo ID in order to have the transcript sent. There is *no fee* for the processing of K-12 transcripts

If a parent would like a copy of their student's transcript, it will only be issued if their student is less than 18 years of age. If their student is 18 years of age or older, a student signature is required for the release of their academic records per FERPA rules and regulations.

Student Contact Information:

Last Name _____ First Name _____ Middle Name _____

Student ID _____ DOB _____ Student E-mail _____

Relationship to Student Student Parent Guardian Other

Permanent Street Address _____

City _____ State _____ Zip _____

Transcript Request Information

Number of Transcripts _____

Institution or Recipient

Person and/or Department

Street Address

City State Zip

Special Instructions

[Student Signature] _____
Signature

Date

[Parent Signature] _____
Signature

Date

By Providing Your Full Name, You Acknowledge That the Information Submitted is True and Accurate to the Best of Your Knowledge. In accordance with the Family Educational and Privacy Act (FERPA) of 1974, your signature is required to authorize release of your transcripts.

For Office Use Only:

Date Requested: _____ Date Printed: _____ Date Delivered: _____