

FORM: RM 5



# ST. JOSEPH SCHOOL DISTRICT

## REQUEST FOR STUDENT RECORDS

This form is to be used to request transcripts and records for students who last attended the SJSD. Please be advised that the form must be fully completed and failure to do so may result in delay of processing. The Saint Joseph School District follows the Family Educational Rights and Privacy Act (FERPA) and will only release records to students who are 18 years of age or older. Parents and Guardians requesting school records for students under the age of 18 must present proper identification. Any other parties requesting transcripts and school records must provide proper authorization and identification.

Current Name: \_\_\_\_\_

Name(s) used while attending school: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of last school attended in the Saint Joseph School District \_\_\_\_\_

Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Purpose of Request: Employment  Education  Personal Use  Immigration/Deferred Act  Other: \_\_\_\_\_

### **Parent/Guardian Requesting Student Records**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **Please Release Student Record Information to:**

Company: \_\_\_\_\_ Attention: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Content of Student Record:** (Please check all document types to be released.)

<input type="checkbox"/>	Transcript/ Grade Report Card	<input type="checkbox"/>	Attendance/Transfer History
<input type="checkbox"/>	Birth Records	<input type="checkbox"/>	Summary of Immunization
<input type="checkbox"/>	All Cumulative Records	<input type="checkbox"/>	Discipline Report
<input type="checkbox"/>	Test-MAP, ACT, SAT	<input type="checkbox"/>	Special Service IEP/Evaluation

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please securely fax or mail this completed/signed form to the school or to the Records Department.

Records Department  
2725 Pear Street  
St. Joseph, MO 64503  
Telephone: 816.671.4070 Fax: 816.671.4071  
Email: [records.manager@sjsd.k12.mo.us](mailto:records.manager@sjsd.k12.mo.us)

**Office use only**     PHOTO IDENTIFICATION PRESENTED    Method of Disclosure: Inspection  Copy

Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Mailed:  Faxed:  Emailed:  Issued to Requestor:

Fee: Check/Money Order # \_\_\_\_\_ \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

**Fee: \$.10 per copy Acceptable Payment: Cash, Checks or Money Orders payable to St. Joseph School District**