



Transcript Request Form

There is a fee of **\$5.00 per transcript** for any person who is not currently enrolled in the district.

(Please allow three to five business days for processing)

Please print your name as it was when you last attended Hazelwood School District

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Date of Birth _____

Name of last Hazelwood school attended _____

Student ID Number (if applicable) _____ Current Grade (if applicable) _____

Current Phone Number _____

Current Home Address _____

Year graduated or withdrew from Hazelwood School District _____

List the address where you want your transcript sent (*one request per form*). Please Note: *Transcripts cannot be faxed.*

Name of Institution/School/Facility _____

Address _____

City/State/ZIP _____

Type of Copy: (check one) _____ Official _____ Unofficial

_____ Check here if you will pick up the transcript

Signature _____ Date _____

(Parent signature if student is under 18)

FOR OFFICE USE ONLY

Cash _____

Date received _____

Money order # _____

Date mailed _____

Receipt # _____