



Transcript Request Form

(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 or email address where you want your transcript sent (*one request per form*).

Institution Name _____

Address/Email _____

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 _____
Money order # _____
Receipt # _____

Date received _____
Date mailed _____