



# Transcript/Records Form

Attention Registrar's-Counselor's Office

**Make copies as needed**

## 1. School from which transcript is requested:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address: Street and Number

\_\_\_\_\_  
City, State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

## 2. Student for which the transcript is requested:

\_\_\_\_\_  
Last Name (Family)

\_\_\_\_\_  
First (Given)

\_\_\_\_\_  
Middle

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

\_\_\_\_\_  
City, State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Social Security Number (if Applicable)

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Dates of Enrollment: From (Month/Year) -- To (Month/Year)

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## 3. Please send one (1) official transcript, shot records, current class schedule, discipline and attendance reports, copies of tests, current IEP, evaluation reports, and any other reports to:

**Saint Paul Lutheran High School  
205 S. Main ST., PO Box 719  
Dept. of Admissions / Attn: Rosalie Pennington  
Concordia, MO 64020 USA**

We hereby authorize the release of this student's records to Saint Paul Lutheran High School, to which the student has applied for admission:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Ph: 660-463-2238 ext 313

Fax: 660-463-7621

Email Rosalie Pennington: rpennington@spife.org