



Attn: TRANSCRIPTS
8309 Mackenzie Rd
St. Louis MO 63123
314-633-5951
314-633-5983 Fax

RELEASE OF PERMANENT RECORD INFORMATION

I hereby authorize the release of the permanent record of:

Name (at time of graduation): _____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone Number: _____ Date of Birth: _____

Last Affton School Attended: _____

Email address: _____

Year of Graduation or intended Graduation: _____

Please Include Available Test Data (ACT, SAT): Yes No

Send To:

Name of School or Agency/Employer

Street City State Zip Code

To the Attention of: _____

Please specify if you would prefer this to be: Faxed Mailed Emailed

If you prefer this to be faxed, please list fax #: _____

Attention to: _____

If you prefer this to be Emailed, please provide Email address: _____

PLEASE NOTE: Only an UNOFFICIAL transcript can be sent to a former student. OFFICIAL copies with the seal can only be sent to a business or a college.

Student's Signature

Date

** There is a fee of \$5.00 per transcript. Release of information cannot be completed until payment is received. We accept cash, check or money order made out to "Affton High School" and mailed to the address above. Thank you. **