



Ferguson-Florissant School District

Student Records
1005 Waterford Drive
Florissant, MO 63033
Phone: (314) 506-9148 Fax: (314) 506-9151

STUDENT TRANSCRIPT
RELEASE

I hereby authorize the release of the transcript or immunization record of:

Form with fields for Legal Name, Current Address, Day-time Phone Number, Date of Birth, Year of Graduation, School attended, Signature, and Date.

- The Family Education Rights and Privacy Act (FERPA) of 1974 requires the signature of the student age 18 or over.

District Policy requires payment of \$4.00 fee per copy BEFORE transcript or Immunization record can be released. Cash, checks or money orders made payable to Ferguson-Florissant School District

Please release: [] K-8 Transcript [] 9-12 Transcript [] Immunization Record (if available)

Form with two sections (1 and 2) for school/agency information and street address.

Return form to: Ferguson-Florissant School District
Attn: Student Records
1005 Waterford Drive
Florissant, MO 63033-3694

For Office Use Only: Date Processed: Roll/Frame: Number of Copies: