



MINNEAPOLIS  
PUBLIC SCHOOLS  
Urban Education. Global Citizens.

**Minneapolis Public Schools**  
**Attn: Transcripts**  
**1250 West Broadway Ave**  
**Minneapolis, MN 55411-2533**  
**Phone: 668-0723 Fax: 668-0040**

## REQUEST FOR SCHOOL RECORDS

Student Accounting can provide transcripts/records older than five years for a fee; there is no charge for records of students enrolled within the last five years. Complete the application below and mail it to the above address with a check/money order payable to Minneapolis Public Schools.

- High school transcripts can be requested from the last high school within five years of last attendance.
- Records for currently enrolled students can be obtained directly from the current school.
- Records for student's under 18 can be released to parent/guardian with proper id.
- Records for student's 18 or over can be released to student with proper id.
- To release records to other than the parent/guardian or student, written authorization for the release of records from the parent/guardian or adult student is required.

### Request Type

- Official High School Transcript – By Mail (\$10.00 or \$15.00 for two or more copies)  
 Copy of a Diploma – By Mail/Pre-Order Only (\$15.00 for Diploma, \$20.00 with cover)  
 General Educational Records (Elementary/Middle, enrollments, immunizations, etc.)

### Students Information

Student's Name Used in School: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Last Minneapolis School: \_\_\_\_\_  
 Month/Year Last Attended: \_\_\_\_\_  
 Graduated?:  Yes  No If no, last grade level: \_\_\_\_\_

**Transcript Released/Sent To**  Self  College  Other \_\_\_\_\_ # of Copies: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Transcript Released/Sent To**  College  Other \_\_\_\_\_ # of Copies: \_\_\_\_\_

*Second Location if Needed*  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

### Signature (Required)

Signature: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_

**Verification (Include photo of one of the below- further verification may be required)**

Driver's License  Birth Certificate  Social Security  Other \_\_\_\_\_