

DATE: \_\_\_\_\_

**Topeka Public Schools**

**Request for Transcripts/Academic Record**

Print this form, complete the information, provide payment and return to Topeka Public School at the address, fax number or email listed below. Faxed request must be followed by payment before they will be processed.

**Personal Data:**

\_\_\_\_\_  
First and Last Name (please print)

\_\_\_\_\_  
Maiden Last Name or any other name(s) on record

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

\_\_\_\_\_  
Last Four of your Social Security Number

\_\_\_\_\_  
City                      State                      Zip code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home or Cell Phone

\_\_\_\_\_  
School Attended      Graduation Year or Last Year Attended

Information Requested:     Transcript                       Immunization records                       All records

**SEND TRANSCRIPT/RECORDS TO:**

**Payment information:** There is no charge for immunization records.

Transcripts/records are **5.00**. Total transcripts/records requested \_\_\_\_\_ X \$5.00 = \_\_\_\_\_ Total due.

There is a **0.13** extra charge when paying with Debit/Credit Cards.

**Payment Type:**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: (MC) (VISA) (OTHER) \_\_\_\_\_

Name on Card: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**To request by mail:** Mail this form and payment to:  
Topeka Public Schools  
Demographic Services  
624 SW 24<sup>th</sup> Street  
Topeka, KS 66611

**To request by fax:** Fax this form with credit card information to (785)575-6868

**To request by email:** Email this form to:  
etorres@tps501.org OR bkutzke@tps501.org

**Note: Payment must be received before request can be processed.**