



THE SCHOOL DISTRICT OF
UNIVERSITY CITY
Transform the Life of Every Student Every Day!

Authorization / Request for Transcript Release Information for University City High School, Missouri

PLEASE PRINT OR TYPE

Name _____ Maiden Name _____

Date of Birth _____ Year of Graduation _____

Email _____ Telephone # _____

Current Mailing Address _____ City/State _____ Zip _____

Please send unofficial or official transcript to address below.

I, _____, hereby authorize The School District of University City to release, as custodian of my educational records to any school, college, university, or other educational institute, hospital or other repository of medical records, social service agency, employer, retail business establishment including its officers, employees or related personnel both individually and collectively. I understand that signing this authorization that The School District of University City and/or its authorized representative(s) shall in no terms be liable for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request for information or any other attempt to comply with it. Permission for release of my education record is here in granted to person / school / agency listed below:

Name of Individual/Department _____

c/o Name of School/Agency/Organization _____

Email _____ Fax # _____

Mailing Address _____ City/State _____ Zip _____

Signature of Graduate _____ Date _____

A \$5 fee is required. Cash, check or money order made payable to The School District of University City are acceptable. Credit and debit cards will NOT be accepted. Transcript requests are usually fulfilled within five (5) to ten (10) working day after receipt of payment.

*For more information, contact University City High School, 7401 Balson Ave. (63130)
Phone: 314-290-4110, Fax: 314-863-5060 or visit www.ucityschools.org/Transcript*

OFFICE USE ONLY:

Request Received: email fax mail in person other _____ Date _____

A copy of the payment receipt is attached. Cash / Check # _____ Initial _____ Date _____

Fulfilled: email fax mail in person other _____

Not Fulfilled: Reason _____ Initial _____ Date _____