

THE SCHOOL DISTRICT OF PHILADELPHIA - STUDENT RECORDS INFORMATION CENTER
FORMER STUDENT'S APPLICATION FOR SCHOOL RECORDS

OFFICE USE ONLY**Guidelines:**

- The School District of Philadelphia maintains records for public schools only. Please contact private, parochial, religious, and charter schools directly.
- Type or clearly print in ink all requested information.
- Enclose required fee. Money order or cashier's check only.
- This application must be signed in ink by applicant.

DATE SENT

AMOUNT RECEIVED
\$**A NAME USED WHILE IN SCHOOL****APPLICANT'S CURRENT NAME & HOME ADDRESS**

LAST NAME (PRINT)			FIRST NAME			M.I.			LAST NAME (PRINT)			FIRST NAME			M.I.					
DATE OF BIRTH			TELEPHONE NO.			SOC. SEC. NO.			CURRENT ADDRESS						APT. #					
Month		Day		Year																
MOTHER'S LAST NAME, FIRST NAME						FATHER'S LAST NAME, FIRST NAME						CITY			STATE			ZIP CODE		

B NAME OF THE LAST PHILA. PUBLIC SCHOOL YOU ATTENDED

The School District of Philadelphia does not maintain records for private, parochial, religious, and charter schools.

(Check one)

(Check one and provide date)

 Day School Left school Night School Graduated - Received Diploma

MONTH	YEAR

NAME OF PHILADELPHIA PUBLIC SCHOOL

OFFICIAL TRANSCRIPTS WILL ONLY BE SENT DIRECTLY TO COLLEGE OR EMPLOYER**C RECIPIENT(S): Enclose a pre-addressed, stamped envelope for each recipient.****D PAYMENT: Money Order or Cashier's Check Only**

<input type="checkbox"/> APPLICANT - STUDENT COPY SENT TO HOME ADDRESS		Please indicate the number of each item you would like.	
1st COLLEGE / EMPLOYER	NAME OF PERSON / DEPARTMENT (COLLEGE / EMPLOYER)		___ Transcript: \$10 plus \$3 for each additional.
	NAME OF COLLEGE / EMPLOYER		___ Proof of Birth: \$10 plus \$3 for each additional.
	ADDRESS		___ Other: _____
	CITY STATE ZIP CODE		(see reverse side for pricing)
2nd COLLEGE / EMPLOYER	NAME OF PERSON / DEPARTMENT (COLLEGE / EMPLOYER)		Submit application with a money order or cashier's check payable to: "School District of Philadelphia"
	NAME OF COLLEGE / EMPLOYER		Write applicant's name on money order or cashier's check.
	ADDRESS		Mailing Address:
	CITY STATE ZIP CODE		School District of Philadelphia Student Records Information Center 440 North Broad Street Philadelphia, PA 19130-4015

If you have more than two college/employer recipients, please attach separate sheet with recipient information.

- I have completed sections A, B, C, and D accurately and enclosed the correct fee and pre-addressed, stamped envelopes. I understand that **fees are nonrefundable**. I also understand that this application will be returned to me if it is incomplete.

Applicant's Signature: _____ Date: _____

GENERAL INSTRUCTIONS

A. Services provided by the Student Records Information Center:

- Transcript: \$10 search fee which includes one copy of transcript; each additional copy is \$3.00.
- Proof of Birth: \$10 search fee which includes one copy of proof of birth; each additional copy is \$3.00.
- Copy of Records: \$25 fee for copy of all or part of student history file.
- Completion or certification of various forms: \$10 per page.
- Diploma for schools no longer open: \$5 fee. For schools that are still open, please see section D.
- Fax service: transcript or proof of birth can be faxed for an additional \$10 per location.
- James Martin School of Practical Nursing: please provide Social Security number.

**Payments must be in the form of money order or cashier's check.
All fees include a \$10 nonrefundable search fee.**

B. Mailing Address for Application for School Records:

The School District of Philadelphia
Student Records Information Center
440 North Broad Street
Philadelphia, PA 19130-4015

C. Requests Made By a Minor or Person Other Than Former Student:

- **Minors:**
Information regarding a child who has not reached the legal age (18 years) must have the parent's signature or signature of a legal guardian. A certified copy of court order naming such legal guardian must be furnished before the request will be processed.
- **Person other than student after student is over 18 years of age:**
If this form is signed by someone other than the former student, a signed release form from the former student must be attached to this application. The release form must designate a person authorized to sign for release of records.
- **Deceased or mentally challenged person:**
Authorized signature release must be obtained from: (1) blood relative (parent, brother, sister, child); (2) surviving spouse; (3) the administrator, executor of the estate or beneficiary by will or insurance. In all cases, a certified court order naming such legal representative must be furnished before requests will be processed.

D. Services Not Provided by Student Records Information Center:

- G.E.D. Records: These records may be obtained by writing to the Commonwealth of Pennsylvania at: Commonwealth Diploma Program, 12th Floor, 333 Market Street, Harrisburg, PA 17126-0333 or calling (717) 787-6747.
- Diploma: A copy can be obtained by contacting the school from which you graduated. A \$5 money order made payable to the School District of Philadelphia is required.
- Students who did not attend high school: records are kept in the last school attended until the student reaches age 21. If student is under age 21, contact the last school attended. If the student is over age 21, a verification of attendance can be obtained from the Student Records Information Center.
- Night School: Night School records for students who attended after the year 2000 are stored with the Community College of Philadelphia. (215) 751-8311

School locations can be found in the blue section of the Philadelphia White Pages or online at www.phila.k12.pa.us