



RECORD REQUEST FORM

ST. PAUL PREPARATORY SCHOOL

Please PRINT all requested information.

I need the following documents (check all that apply): **Transcript** **Immunization record** **I-20** **Other**

Last Name	First Name	MI	Student ID
Email Address	Attendance Dates (Start year/end year)	Student Date of Birth	

Please send an electronic copy to the email address listed above.

SCHOOL/UNIVERSITY 1

Name of School			
Address 1			
Address 2			
City	State	Postal Code	
Country		Deadline	

SCHOOL/UNIVERSITY 2

Name of School			
Address 1			
Address 2			
City	State	Postal Code	
Country		Deadline	

SCHOOL/UNIVERSITY 3

Name of School			
Address 1			
Address 2			
City	State	Postal Code	
Country		Deadline	

HOME/OTHER

Name of Recipient			
Address 1			
Address 2			
City	State	Postal Code	
Country		Other Info	

	Price	X	Quantity		Cost
Record Request (includes domestic shipping):	\$5.00	X	_____	=	\$ _____
USPS Standard International Shipping:	\$10.00	X	_____	=	\$ _____
USPS Priority International Shipping:	\$35.00	X	_____	=	\$ _____
UPS Shipping:	TBD	X	_____	=	\$ _____
(UPS rate based on address provided; rate approval & advance payment required.)					Total Cost: \$ _____

Student Signature: _____

I understand that checking this box constitutes a legal signature.

Please email this form to groberson@naced.com and allow **10 business days** for processing.