



Transcript Request & Authorization Form for Alumni

Current students should use MHS form

Today's Date ___/___/___

Date Record Needed ___/___/___

Name _____
First Name M.I. Last Name when enrolled in Minnetonka Public Schools(Maiden)

Date of Birth ___/___/___

Year of Graduation _____

Phone Number _____

Cell Number _____

Fax Number _____

Please Send Record(s) To:

Individual Name _____

Mailing Address _____

City, State Zip _____

University, School, Agency, Employer, Other Name _____

Attention _____

Mailing Address _____

City, State Zip _____

University, School, Agency, Employer, Other Name _____

Attention _____

Mailing Address _____

City, State Zip _____

University, School, Agency, Employer, Other Name _____

Attention _____

Mailing Address _____

City, State Zip _____

I hereby authorize Minnetonka Public Schools to release this information to the place(s) indicated above.

Signature _____

Date _____

PLEASE NOTE THERE IS A \$5.00 PROCESSING FEE PER OFFICIAL COPY. ONLY AFTER RECEIVING THE \$5.00 (CASH OR CHECK) PER TRANSCRIPT WILL THE TRANSCRIPT(S) BE SENT.

Please send cash or check to:

**Minnetonka Public Schools, Transcript Request
5621 County Road 101
Minnetonka, MN. 55345**

Any other questions feel free to call me at (952) 401-5058 ask for Kathy Baltuff, or fax to (952) 401-5092.

For office use:

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Paid by ___check ___cash

Date Sent _____