



SPRING LAKE PARK HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please print and mail this form, along with a \$5.00 payment for each transcript to:

Student Services Department – Transcripts
Spring Lake Park High School
1100 81st Avenue NE
Spring Lake Park, MN 55432

Name While Attending SLPHS _____

Birthdate _____ Graduation Year _____

Telephone Number _____ Date of Request _____

Please send my transcript to the following schools:	Address
1.	
2.	
3.	
4.	

Transcript requests will be sent to the Office of Admissions, unless otherwise indicated.

____ I have included \$5.00 for each transcript being sent to the schools listed above

Signature _____

Please allow at least 5 business days for your request to be processed. Transcripts are not available for immediate pick-up.