



Minnesota Historical Society Library
 345 Kellogg Blvd. West
 St. Paul, MN 55102-1906

Phone: 651-259-3300
 Fax: 651-297-7436

**MN State Academy for the Deaf/MN School for the Deaf Student Records Request
Application for Former Students Requesting Copies Of Their Own Records***

Please submit the following with this completed form:

- 1) A clear copy of your government-issued photo ID (like a driver's license or a passport)
- 2) Credit card payment information or a check for the full order amount

Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____

I agree that my purpose in using these records is to see my own school records.*

Signature _____

Name on Student Record (if different from above): _____

Birth Date _____ School Admission Date _____ Graduation Date _____

I am requesting copies of (please check only one option):

- My entire student file
 Cost = \$12 + \$0.20 per page copied
OR
- My student transcript ONLY. I want _____ copies of my transcript.
 Cost = \$12 for one copy +\$1 for each additional copy
OR
- My initial hearing test/audiological assessment ONLY. I want _____ copies of my hearing records.
 Cost = \$12 for one copy +\$1 for each additional copy

Payment by: Credit card (recommended) **OR** Check

Name printed on credit card: _____

Card number: _____ Exp. Date _____

Signature of Card Holder: _____

*This form is only for use by people seeking copies of their own student records. If you are seeking the student records of someone else (for family history, genealogy, legal, or other reasons), please visit <http://sites.mnhs.org/library/node/184/> for more information.

Staff Use Only: Order Approved Order NOT approved Initials: _____ Date: _____