

Records/Transcript Request

Ajo Unified School District #15

PO Box 68, 111 N. Well Road,
Ajo, AZ 85321
Phone: 520-387-7601 – Fax: 520-387-7603

Student: _____

Daytime Phone: _____

Email: _____

***Signature** _____ **Date:** _____

*Signature of adult student or parent/guardian

COMPLETE THE ENTIRE FORM--- Be sure to sign above so that your request can be processed.

1. CHECK ALL THAT APPLY

- SEND AFTER SEMESTER GRADES ARE POSTED (check one):
- FALL SPRING SUMMER
- SEND AFTER GRADUATION DATE
- HOLD FOR CORRECTION OF RECORD – SPECIFY: _____
- HOLD FOR PICK UP BY STUDENT
- MAIL

2. THE FOLLOWING INFORMATION IS NECESSARY TO LOCATE YOUR RECORD:

- a. BIRTHDATE: _____
- b. CURRENTLY ENROLLED: YES NO
- c. GRADUATION YEAR: _____
- d. DATES OF ATTENDANCE: _____
- e. FROM- MONTH/YEAR _____
- TO- MONTH/YEAR _____

3. NUMBER OF TRANSCRIPTS NEEDED:

_____ -OFFICIAL _____ -UNOFFICIAL

4. Mail Records/Transcripts To:

Please forward all educational, medical, psychological, or any other examination results information for the named student. The parent signature will also allow the Ajo Unified School District personnel to speak with the named facility representative regarding educational/medical issues.

IF INSTITUTION UTILIZES A DOCUMENT SENDING SERVICE, PLEASE ATTACH NECESSARY INFORMATION

OFFICE USE ONLY

TRANSCRIPT SENT ON:	DATE	INITIALS
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