

Records Request

Please be advised that requests are processed in the order that they are received. Expect your request to be processed in 3-5 business days from the date of submission. You'll receive an email once your request has been fully processed.

Student Last Name *

Student First Name *

Maiden or Other Name Attended Under

Date of Birth *

Please input the date of birth of the student

Phone Number *

Can We Send You a Text Message if We Have Questions Concerning Your Request? *

Yes/No

Cell Number

Fax Number

Email Address

Home Address *

City *

State *

Zip *

Campus Attended *

1. Peoria
2. Tempe
3. Maryvale
4. Maricopa
5. El Mirage
6. Glendale
7. Kroc Center
8. Other

Year of Enrollment *

Type of Request *

1. Copy of Diploma
2. Official Transcript (Must be Mailed)
3. Unofficial Transcript
4. Other _____

Send Records To

1. 4 Year University
2. Home Address/Self
3. Community College

Records Request

4. Court Services
5. Employment Verification
6. Military
7. Other

Business/College Name *

To the Attention of

Address (For Official Transcripts)

Please provide the following information: Street City, State, and Zip Code

Street

City (For Official Transcripts)

State (For Official Transcripts)

Zip (For Official Transcripts)

Fax Number (For Non Official Transcripts)

Email Address (For Non Official Transcripts)

Additional Comments / Instructions

Electronic Signature of Requestor *

Signature

By signing this form, you are acknowledging that you are the person that filled out this form and the information being provided is to the best of your knowledge. For more information on Electronic Signatures, please visit the site below:

Relationship to Student *

1. District,
2. Guardian
3. Parent
4. Self
5. School Official
6. Other

Submit Records Request