



# TEMPE ACCELERATED HIGH SCHOOL

## "A COMMUNITY OF LEARNING"

5040 South Price Road • Tempe, Arizona 85282 • P 480-831-6057 • F 480-831-6095

### RECORDS REQUEST

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Year Last Attended: \_\_\_\_\_ Graduate? \_\_\_\_\_ School Transferring to: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### Requested By:

Student ph#: \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ ph#: \_\_\_\_\_

Other \_\_\_\_\_ Relationship: \_\_\_\_\_ ph#: \_\_\_\_\_

Print Name

#### Items Needed:

- \_\_\_\_\_ Unofficial Transcripts
- \_\_\_\_\_ Official Transcripts
- \_\_\_\_\_ Withdrawal Slip
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Special Services Records
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Other \_\_\_\_\_

#### Delivery:

Records will be picked up: \_\_\_\_\_

Date&Time

Please fax records to: \_\_\_\_\_ Fax#: \_\_\_\_\_

Please mail to: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

**\*All records requests are completed on a first come, first serve basis. There is a 48 hour processing time for all requests \***

#### Office Use Only:

School Official: \_\_\_\_\_ Date: \_\_\_\_\_



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