

# Records/Transcript Request

12022020

## Ajo Unified School District #15

111 N. Well Road, Ajo, AZ 85321

Phone: 520-387-7601

Fax: 520-387-7603

angelina@ajoschools.org

www.ajoschools.org

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_  Home  Cell  Work

Email: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Adult student or parent/guardian's signature

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

#### 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 (*full address needed below*)
- EMAIL OR FAX (*cannot be official*)
- APPROVE FOR DISTRICT OFFICE TO ORDER A DIPLOMA

#### THE FOLLOWING INFORMATION IS NECESSARY TO LOCATE YOUR RECORD:

**A.1 - CURRENTLY ENROLLED:**  **YES** (if yes, fill out month/year below and skip to B.1 - Transcripts Needed)  
FROM- MONTH/YEAR \_\_\_\_\_ TO- MONTH/YEAR \_\_\_\_\_

#### A.2 – **NOT CURRENTLY ENROLLED IN AJO SCHOOLS**

GRADUATION YEAR: \_\_\_\_\_ (Skip to Number of Transcripts)

#### Or...

DATE OF TRANSFER: \_\_\_\_\_

DATES OF ATTENDANCE:

FROM- MONTH/YEAR \_\_\_\_\_ TO- MONTH/YEAR \_\_\_\_\_

**B.1 – NUMBER OF TRANSCRIPTS NEEDED:** \_\_\_\_\_-OFFICIAL \_\_\_\_\_-UNOFFICIAL

#### **Mail Records/Transcripts To:**

School/Company \_\_\_\_\_

Name/Attention to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### **AND/OR...**

**Email**  **Fax 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**

#### OFFICIAL USE TRANSCRIPTS/RECORDS SENT ON

DATE: \_\_\_\_\_ SENT BY: \_\_\_\_\_ AUTHORIZED ADMINISTRATOR: \_\_\_\_\_