



ARIZONA STATE LIBRARY,
ARCHIVES AND PUBLIC RECORDS

A DIVISION OF THE ARIZONA SECRETARY OF STATE



Dennis Preisler, PhD., Director, Archives and Records Management

REQUEST FOR SCHOOL RECORD INFORMATION

Please complete and mail this form with your original signature to Arizona State Archives, 1901 W Madison, Phoenix, AZ 85009. At this time we do not accept this form via fax or email. **Requestors also need to provide a valid picture id in person or a notarized copy of a valid picture id.** Parental guardians must fill out this form and provide a picture id when requesting the school records for a minor. Third parties may request records by providing a notarized school records release form from the student.

Name when attending school _____

Date of Birth _____

Father's Name _____ Mother's Name _____

(1) Name of School _____ City _____

County _____ Years Attended _____

Grades Attended _____

Name of Person Requesting Information _____

Current Address _____

Telephone _____ Email _____

Do you need this record certified? Yes No

If yes, please include either a check or money order made payable to the Arizona State Archives for \$3 with this form.

Records sent to third party (if the transcript is to be sent to a school or employer)

Name _____

Address _____

Telephone _____ Fax _____ Email _____

I give permission for the above mentioned third party to inspect or secure a copy of my student record.

Signature of former student _____ Date _____