

## PAU TRANSCRIPT / STUDENT RECORDS REQUEST

What high school is this req	uest regarding?*			
	dent graduated from or last high school then it is not one of our schools and yo			noenix Union High School District. The st the transcript from that school directly.
Linda Abril Educational Academy	Cyesis Center (Closed)		П	Phoenix Educator Preparatory
Alhambra High School	Desert Valley High School (Closed	)	H	Phoenix Flying School (Closed)
Area Vocational Center (Closed)	Desiderata Program	,	П	Phoenix Technical School (Closed)
Bioscience High School	East High School (Closed)			Phoenix Union High School (Closed)
Bostrom High School	Betty H. Fairfax High School			Phoenix Vocational Academic Center (Closed)
Trevor G. Browne High School	Franklin Police & Fire High School			PXU City
Camelback High School	Carl Hayden Community High Scho	ool		PXU Digital Academy
Carver High School	Maryvale High School			South Mountain High School
Cesar Chavez High School	Metro Tech High School			The Academies at South Mountain (formerly South Mountain H.S.)
Cesar Chavez ARCH	North High School			Suns-Diamondbacks Education Academy (Closed)
Central High School	Phoenix Coding Academy			West High School (Closed)
Cyber High School (Closed)	Phoenix Digital Academy (formerly I	PXU Digital Academy)		Wilson College Prep
What type of transcript are	you requesting?*   Official (Qua	antity:)		Unofficial (Quantity:)
STUDENT INFORMATION T	his is the information required for us to loca	te the student rec	ords.	Information must match records at time of attendance.
First Name*:		Middle Name:		
Last Name*:				
Date of Birth (MM/DD/YYYY)*:		School ID Numbe	er (if k	(nown):
	CODMATION			
REQUESTOR CONTACT INF	giving you permission to	u must provide a s make the request.	igned	l letter from the student with all pertinent information
Full Name*:		Phone Number*:		
Requestor's Signature*:		Date:		
TRANSCRIPT DELIVERY INI	EODMATION Turnically, it talks 2. F h.	uning and allow from		the formulation Molling time is in addition to the
	time it takes to process t		receip	ot of request to completion. Mailing time is in addition to the
How do you want the transcript delive				
I will pick it up in person (You will be	,,			
	chool/Employer Name: uttn:			
	treet Address:			
	ity, State, Zip:			
_				
Email it to me at (This is not an option	on for <b>Official</b> transcript requests):			
Poturn this form along with a convert	vour government issued	<b>1.</b> Mail to:	Dha	penix Union High School District
Return this form, along with a copy of your government issued photo ID and 3 <sup>rd</sup> party authorization letter (if necessary) in one of two ways. If you choose to pick up the records, a copy of your photo ID and 3rd party auhorization (if necessary) can be submitted in person.		∎• IVIGII (U.		n: Student Records
				22 N. Central Ave.
aunonzation (ii necessary) can be submi	tteu iii persoii.		Pho	enix, AZ 85012
		2. Email to:	rec	ords@phoenixunion.org

\* Required in order to process request

FOR QUESTIONS, please email records@phoenixunion.org or call 602.764.1002