



Maricopa County **REGIONAL** School District

"The District of Miracles"

3409 West Whitton Avenue • Phoenix, Arizona 85017 • Phone: (602) 452-4700 • Fax: (602) 452-4720

RECORD REQUEST

- | | | |
|---|--|---|
| <input type="checkbox"/> A New Leaf | <input type="checkbox"/> Lone Cactus Regional | <input type="checkbox"/> Teen Youth Pregnancy |
| <input type="checkbox"/> Chandler Charter | <input type="checkbox"/> MAJC High | <input type="checkbox"/> Thomas J. Pappas El. - Tempe |
| <input type="checkbox"/> Continued Hope High | <input type="checkbox"/> Mesa Detention | <input type="checkbox"/> Thomas J. Pappas El -Phoenix |
| <input type="checkbox"/> Durango Detention | <input type="checkbox"/> Miracle High | <input type="checkbox"/> Thomas J. Pappas High |
| <input type="checkbox"/> East Valley High | <input type="checkbox"/> NE Academy Oak | <input type="checkbox"/> Thomas J. Pappas Middle |
| <input type="checkbox"/> East Valley Jr. High | <input type="checkbox"/> NE Academy Rose Lane | <input type="checkbox"/> Tumbleweed TLC |
| <input type="checkbox"/> Estrella Mountain K-12 | <input type="checkbox"/> Parc Place | <input type="checkbox"/> Unity High |
| <input type="checkbox"/> Fountain Hills Academy | <input type="checkbox"/> Phoenix Regional High | <input type="checkbox"/> West Valley Middle |
| <input type="checkbox"/> Guadalupe High | <input type="checkbox"/> School House El. | <input type="checkbox"/> West Valley High |
| <input type="checkbox"/> Guadalupe Middle | <input type="checkbox"/> Spectrum | <input type="checkbox"/> Williams Air Force Base |
| <input type="checkbox"/> Hope Traditional Program | <input type="checkbox"/> St. Luke's | <input type="checkbox"/> Williams Community |
| <input type="checkbox"/> Horse Mesa Dam | <input type="checkbox"/> Southwest Key | |

Name: _____

Home Phone: _____ **Cell Phone:** _____

Fax: _____

Home Address: _____

Student Name: _____

(Name as it appeared on registration form)

Date of Birth: _____

School Attended: _____

Date Attended: _____

Graduation Year: _____

Please indicate what type of information you are requesting:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Report Card | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Copy of Diploma | <input type="checkbox"/> Test Scores | <input type="checkbox"/> Withdrawal Slip |
| <input type="checkbox"/> Immunization Record | <input type="checkbox"/> Transcript | <input type="checkbox"/> Other |

Please indicate how you want us to deliver your request:

Email: _____

Fax: _____

Pick-up: _____

Mail to: _____