

Queen Creek High School Student Record Request Form

*Please allow up to **3 business days** for request to be processed*

Today's Date _____ Student Name _____
Student D.O.B. _____ Student ID # _____ Grade/Grad year _____
Current contact phone number (if questions): _____

All Fees must be paid to the Book Store Manager at time of request.

Cumulative File Copies: \$10.00	Immunization Records: \$2.00
Proof of Attendance Letter: \$2.00	Birth Certificate Copy: \$2.00
Report Card Reprint: \$2.00	Official Transcript: \$2.00
Unofficial Transcript: \$2.00 if mailed. No charge for one copy only, if picked up.	

Record(s) being requested:

___ Qty - Official Transcript ___ Qty - Unofficial Transcript ___ Qty - Immunization Records
___ Qty - Report Card Copy ___ Qty - Birth Certificate ___ Qty - Proof of Attendance Letter

HOLD request for FINAL semester grades (Note: Approximately 3 weeks after grading period)
 Other (please specify) _____

Please select one of the following options:

- I will be picking up my record(s) at QCHS
- Please mail my record(s) - Student **MUST** submit one form per receiving institution and **supply complete mailing address including name of receiving institution:**

Parent/Legal Guardian Signature: _____
(Please note, only requests for **official transcripts** must have signature above if student is a minor)

Student Signature: _____

Date Request Processed _____	Registrar Signature _____
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