## FLOWING WELLS HIGH SCHOOL 3725 N Flowing Wells Rd **Tucson, AZ 85705**

**Guidance & Counseling Department** Registrar's Office (520) 696-8040 Phone (520) 690-2260 Fax

## TRANSCRIPT REQUEST

Note: Transcript requests may take up to three (3) business days to be completed. If transcipts are to be mailed, please allow an additional five (5) days for receipt.

Once completed, the Transcript Request Form may be submitted electronically (preferred option) OR printed and then faxed, emailed, or delivered in person to the Registrar's Office.

Middle Name

First Name

Last Name	First Name	e	Middle Name	
Maiden/Alterna	te Name	Date of Birth	Phone #	
Address			email Address	
Currently Enroll	ed at FWHS?			
Yes	Grade Level (9 ,10, 11 or 12)	Student ID#	<b>!</b>	
No	Last Year Enrolled			
All transcripts mailed to colleges/universities will be official - stamped with the seal of the Registrar and placed in a sealed envelope.				
Request transcri	pt(s) for:			
Univers	ity of Arizona			
Arizona	Arizona State University			
Northe	Northern Arizona University			
Pima Co	Pima Community College			
Other				
If Other, provide school name and full address.				
Please h	Please hold for final grades in May before fulfilling request.			
Reques	Request to pick up transcripts. (Will hold for ten (10) days from date of request.)			
Each requ	uested transcript will be provided as an Offici	ial Transcript, verified with the Registrar's	s stamp and sealed in an envelope.	
Signature			Date	
Do Not Write Below - Registrar Use Only				
Date Completed		Completed by		