Arizona State Board for Private Postsecondary Education

1740 W ADAMS ST., SUITE 3008

PHOENIX, ARIZONA 85007

(602) 542-5709

# STUDENT RECORD REQUEST FORM

**Student Name** **Date:**

**Correct Name of Closed School**:

**Dates of Enrollment/Graduation Date**: **Name of Program Enrolled:**

**Campus Location** (Address):

Name (printed legibly) that Student used while Attending the closed school:

**Student’s Social Security Number:** **Phone#**

**Specific Information Wanted from Student File:**

**Unofficial Transcripts:**

Mailed <<SELECT ONE>> E-mailed

<<<<<< Fill out appropriate following section >>>>>>

**Current Address**:

**Email address:**

**Official Transcripts:**

<<<<<< Fill out following section >>>>>>

**Official Transcript to be sent to:**

**Institution/Company:**

**Address:**

**Secured Fax/E-mail to receive official transcripts:**

**Attention to:**

Student’s signature (this authorizes the release of confidential information.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION FOR ALL REQUESTS**

**Processing Fee: Complete this form and return it via mail with a $10.00 Money Order (private party requests) made out to Private Postsecondary Education to the address above.**

**3rd Party Requests: Submit a copy of the student release form authorizing the party to obtain the requested information. The request must be accompanied with a $10.00 Company Check (3rd Party requests Only) or Money Order made out to Private Postsecondary Education mailed to the address above.**

**Processing Time and No Guarantee: Please be advised that the processing time can be up to six weeks. The State Board cannot guarantee that a student record can be found for every student.**