

Arizona State Board for Private Postsecondary Education

1400 W. WASHINGTON, ROOM 260
PHOENIX, ARIZONA 85007
(602) 542-5709

STUDENT RECORD REQUEST FORM

Student Name: _____ Date: _____

Correct Name of Closed School: _____

Dates of Enrollment/Graduation Date: _____ Program Enrolled: _____

Campus Location (Address): _____

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

Student's Social Security Number or Student ID#: _____ Phone # _____

Student's Current Address: _____

Email address: _____

Specific Information Wanted from Student File: Unofficial Transcripts: Mailed or E-mailed
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.)

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.**

Processing Fee: Complete this form and return it with a **\$10.00 money order made out to Private Postsecondary Education** to the address above.

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