

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: _____ 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.