

"HOME OF THE ROCKETS"

MOON VALLEY HIGH SCHOOL
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TRANSCRIPT REQUEST

Turnaround time is 48 hours upon receipt of fax, mail, or email request.

REQUIRED: All information must be completely filled in and legible. You must submit a photocopy of your current driver's license or picture ID and fax, mail, or email it with this request. Any request received without picture ID will not be processed.

Faxed request must include a lightened copy of photo ID.
Email request must have request form and ID scanned.

Last Name: _____ First Name: _____ Middle: _____

Last Name while attending MVHS: _____ Birth date: _____

Last year attended MVHS: _____ Phone Number: _____

- 1) IF YOU WANT THIS MAILED TO YOUR HOME: YOU MUST PROVIDE YOUR COMPLETE MAILING ADDRESS.
- 2) IF MAILED TO A SCHOOL: YOU MUST PROVIDE THE SCHOOL NAME AND COMPLETE MAILING ADDRESS
Transcripts are sent to Undergraduate Admissions unless you indicate a specific department.
(Ex: Nursing Program, Honors Program, Financial Aid).

Name of School/Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please fax my transcript to School/Employer listed above to the attention of: _____

The fax number is: _____ The Phone number is: _____

OFFICIAL is sent unless you indicate below – school embossed stamped seal mailed in a sealed envelope.

Usually requested for verification of graduation, schools, scholarships, employment, etc.

___ Please send UNOFFICIAL has an unofficial stamp. Usually requested as copy for self, insurance etc.

Written Signature: _____ Date: _____

For office use:

Date received: _____ Processed by: _____ Mailed: _____ Faxed: _____