

"HOME OF THE ROCKETS"

MOON VALLEY HIGH SCHOOL
3625 WEST CACTUS RD, PHOENIX ARIZONA 85029-3198
Phone: 623-915-8004 Fax: 623-915-8169 Email: lorrie.dixon@guhsdaz.org

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: _____