



Center for Academic Success High School
 900 Carmelita Drive
 Sierra Vista, AZ 85635
 Phone: (520) 439-3500
 Fax: (520) 458-6396

TRANSCRIPT / DIPLOMA RECORDS REQUEST

Note: Please allow up to 10 business days for your request to be processed.

Last Name:		First Name:		MI:
Former Name (if applicable):				DOB: (mm/dd/yyyy)
Phone:		Email:		
Current Address:		City, State:		Zip:
Dates of Attendance at CAS / Location:		Sierra Vista Douglas	Date of Graduation: (mm/dd/yyyy)	
Please indicate which records you are requesting: Unofficial Transcript Official Transcript Additional Records (please specify): _____				
Please specify how you would like to receive your requested records:				
Mail Records to: Attn.: Address: City, State: _____ Zip: _____				
Fax Records to: Attn.:		Fax Number: ()		
Please check if you will be picking up records in person (optional).				
Authorization for release of records requested (if under 18, parent/guardian must sign)				
Signature _____				Date _____

EMAILING INSTRUCTIONS:

1. Complete all fields & sign
2. Email to: aridenhour@cpic-cas.org

FAXING INSTRUCTIONS:

1. Complete all fields & sign
2. Fax to: (520) 458-6396