



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)	
<b>Please indicate which records you are requesting:</b> Unofficial Transcript Official Transcript Additional Records (please specify): _____				
<b>Please specify how you would like to receive your requested records:</b>				
Mail Records to:  Attn.: Address: City, State: <span style="float: right;">Zip:</span>				
Fax Records to: Attn.:		Fax Number: (     )		
Please check if you will be picking up records in person (optional).				
<b>Authorization for release of records requested</b> (if under 18, parent/guardian must sign)				
Signature _____				Date _____

**EMAILING INSTRUCTIONS:**

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

**FAXING INSTRUCTIONS:**

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