



TO: Registrar

FROM: _____

DATE: _____

SUBJECT: Request for Official Transcript

Please send an Official Transcript of my academic course work to:

**Central Arizona College
Human Resources Office
Attn: Sarah Armstrong
8470 N. Overfield Road
Coolidge, AZ 85228**

Please return this form with the transcript. Thank you for your prompt attention.

Signature

Name Used During Attendance

Printed Name

Graduation Date/Dates Attended

S.S. Number/Student ID Number

Present Street Address

Date of Birth

City, State, Zip Code

*A transcript is not considered OFFICIAL unless it is transmitted directly from the issuing school to the Human Resources Office. Transcripts issued to student are not considered official.

Request by: _____
Name