



Maricopa High School
45012 W Honeycutt Avenue
Maricopa, Arizona 85139

Official Transcript Request Form

Last Name _____ First Name _____ MI: _____

Date of Birth: _____ Graduation Year: _____ Student ID: _____

Phone Number: _____ Email Address _____

- Pick up Official
- Pick up Unofficial
- Please send an Official Transcript to the address below

Name & complete address of the institution to which you wish this transcript mailed to:

Student's Signature: _____ Date: _____

Please attach a legible copy (photo is best) of your driver's license and

Fax or email the complete form to:

Fax: 520-568-8119

Email: bsnow@musd20.org or dshelton@musd20.org

or mail to the above address.

For Office Use Only

Request Received _____

Transcript Sent _____ Processed by: _____