



North Pointe Preparatory  
 10215 N. 43rd Ave.  
 Phoenix, AZ 85051  
 623.209.0017

## Transcript/Records Request

Student Name:		Former Name(s):
Date of Birth:	Phone Number: (    )	Email Address:

Are you a current North Pointe Prep student?  Yes  No

What information are you requesting?

- Official Transcript  
  Unofficial Transcript  
  Birth Certificate  
  Immunization Records  
 Attendance  
  Discipline  
  Enrollment History  
  Other Records (Specify): \_\_\_\_\_

Complete and sign this form and return to one of the following:

- Drop off in the 4A Center or Front Office
- Fax: 623.209.0021
- E-mail: records@pointeschools.org

Will you be picking up your requested information?  Yes  No

If you checked **NO**, please provide the name and address of where you would like the information sent:

Mail Transcript(s) to:  <div style="text-align: center; padding: 5px;">Copy 1</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<div style="text-align: center; padding: 5px;">Copy 2</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
--	--

**Student/Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that there is a 24 hour wait time to pick up transcripts/records. Please stop into the 4A Center or Front Office after the allotted time if you are picking up your records.

<b>Office Use Only</b>	
<b>Staff Initials:</b>	<b>Processed Date:</b>