



GLENDALE HIGH SCHOOL "HOME OF THE CARDINALS"

6216 W. Glendale Ave, Glendale Arizona 85301

Phone: 623-435-6204 Fax: 623-435-6278 Email: Joanna.Gonzales@guhsdaz.org

TRANSCRIPT REQUEST

Request can be faxed, mailed or emailed.

Please submit a photocopy of your current driver's license or other government issued picture id.

Any request received **without** picture id, **will not** be processed.

Requesting via fax; you will need to copy and lighten photo ID before faxing.

Requesting via e-mail; scan both, request and ID

Turnaround time is 48 hours upon receipt of request.

All information must be completely filled in and legible (PLEASE PRINT).

Last Name: _____ First Name: _____ Middle: _____

Last Name while attending GHS: _____ Birth date: _____

Last year you attended GHS: _____ Phone No.: _____ Home / Cell / Work

Do you want the transcript mailed ___ (Provide information for mailing)

Name of School / Employer: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Please **fax** my transcript to School/Employer listed above to the attention of: _____

The fax number is: _____ The Phone number is: _____

(If you need transcript mailed to you, your picture ID **must have the same address** that you want transcript mailed to. If the address is not the same as your ID, transcript **will not** be mailed to you).

Please send OFFICIAL _____ (has school embossed seal mailed in a sealed envelope) Required by most schools.

Please send UNOFFICIAL _____ (no school seal) Requests for self, insurance, employment etc.

_____ I hereby authorize: _____ to pick up documents for me.
(Name of individual)

Signature: _____ Date: _____

.....
For office use:

Request was Rec'd: _____ Request was Processed By: _____ Mailed: _____ Faxed: _____