



## Request for High School Transcript

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

All Previous Names you have attended under at Chino Valley High School

\_\_\_\_\_

Birthdate \_\_\_\_\_ Phone Number \_\_\_\_\_

Year of Graduation or last year of attendance/withdrawal \_\_\_\_\_

Name and address where the transcript is to be sent: (to you or name and address of college)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of the student (we cannot process your request without this)

\_\_\_\_\_ Date: \_\_\_\_\_

Print this form and mail your request to: Chino Valley High School  
Attn: Registrar  
P. O. Box 225  
Chino Valley, AZ 86323

Or e-mail to: [sjeans@cvsdstaff.us](mailto:sjeans@cvsdstaff.us)

Or fax to: 928 636-6219

Please allow 2-5 days for processing. Thank you.

\*Transcripts are permanent academic records protected by federal law. They are confidential and are issued only by written request from the student.

