



ARIZONA ARTS ACADEMY

9502 S. Hwy 92
Hereford, AZ 85615

info@azarts.academy

520-210-5400
www.azarts.academy

STUDENT RECORDS REQUEST FOR STUDENT EDUCATION RECORDS

**** Please email the documents to recordsrequest@azarts.academy ****

** Print unless otherwise indicated **

Student Name: _____

Parent/Guardian Name: _____

Home Address: _____

Previous School Information

Name: _____ Dates Attended: _____

Address: _____

Phone Number: _____ Fax Number: _____

Records Requested

Please email the following records:

____ Unofficial transcript ____ Transfer grades ____ IEP/504/BIP

____ Discipline records ____ Other: _____

I, _____, as the parent/legal guardian of _____,
consent to the release of records listed above to the party named above. I am aware of my rights to review the records and receive a copy at my expense, if I so request.

Parent/Legal Guardian Name (printed) _____ Date _____

Parent/Legal Guardian Name (signed) _____ Contact Number _____