



TUBA CITY HIGH SCHOOL

Warrior Drive
PO Box 67
Tuba City, AZ 86045
(928) 283-1050

Registrar's Office
Phone: (928)283-1107

OFFICIAL TRANSCRIPT REQUEST FORM

Please allow 1 - 3 working days for transcript requests. Peak periods such as registration and grading may require a longer processing time. All transcripts are free of charge.

Name: _____ Maiden Name: _____

DOB: _____ Phone: _____ Email: _____

Mailing Address: _____

Graduation Year: _____ Non-Graduate: _____

No. of transcripts requested: _____ Official: _____ Unofficial: _____

Transcript Delivery Method:

____ Student Will Pick Up Date: _____

____ Email to address: _____

____ Mail to Student (to address indicated above)

____ Mail to Institution (to the address below)

Mail Transcript To:

Institution Name: _____

Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Please provide additional addresses on a separate sheet of paper