

Transcript Request

Arizona Western College

Admissions and Registration Telephone (928) 344-7550 Email: records@azwestern.edu

A fee of \$5.00 per transcript must be paid prior to submitting a Transcript Request Form. For online transcript ordering, please visit www.getmytranscript.org

Student Information (please	print)			
Student ID#		Dates Attended AV	VC	
Name		Fire		* Aidalla Indial
Last		First		Middle Initial
Maiden/Previous Name(s)	ous Name(s)		Birth Date(MM/DD/YYYY)	
Address		City	2	7: 0 /
				Zip Code
Phone#		E-mail		
Number Requested	Official	Unofficial	_	
Student Signature			Date	
Send transcript to:			Processing Time	
Please complete one form for each address. A complete address must be provided.			Normal: 3 Business Days	
A window envelope is used, so make	e sure the address fits wit	thin the boxed area.	Holds: Depend on grade/o	degree processing
Institution/			Policies	
Name: Attn/Office:			 Transcripts are not proc any financial obligations ov 	
			This transcript includes a	
Address: City/State/Zip:			Western College, any transfer credits, and	
			any work in-progress.	
Personal transcripts are issued only to t		representative with a writte	en release and the student's signatu	re. A valid picture
ID must be presented when picking up	transcripts in person.			
Hold Requests:				
☐ Final grades for term				
☐ Grade change for term	Course	:		
☐ AGEC Certification ☐	Term Requested:			
☐ Degree/certificate posting To	erm Requested:			
2 3 3 3 3 3 3 3 3 3 3				
For Office Hee Only				
For Office Use Only				
☐ ID Check Receive	ed by:		Date Completed:	