



Learning Foundation & Performing Arts  
4055 E Warner Rd. Gilbert, Arizona 85296  
Office 480-635-9400 Fax 480-635-1907  
**Request for Records**

**I am requesting the following records:**

- An Official Transcript (9-12)**
- An Unofficial Transcript (9-12)**
- Report Card (7-12)**
- Other \_\_\_\_\_**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Last Year Attended \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

I will pick up records in person.

Mail to the following address. Attention to: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**I am requesting these records for the following purpose:**

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_

**Relationship (Check one)**

Parent \_\_\_ Legal Guardian \_\_\_ Student over 18 \_\_\_

For official use only:

Request Received \_\_\_\_\_ Records Sent \_\_\_\_\_ By \_\_\_\_\_