

Fax to:

Email:

Amphi High School Transcript & Record

Official Request Form

Paper Mail to:

Return this form by email, fax, or paper mail. You must include a legible photocopy of I.D. or Notarized Form

Requests are completed within two working days.

Celina Tyler - Registrar	520-696-5410		125 W. Yavapai
ctyler@amphi.com	Attn: Records		Tucson, AZ. 85705
Subject: Records			Attn: Records
Name:		Date of Birth:	
Current Street Address:		Dates Attended:	
City & State:		Zip Code:	
Phone:		Year of graduation or last year attended:	
Transcript Requesting: OFFICIAL □ or UNNOFFICIAL □		Number of Copies:	
Signature (typing your name indicates consent		Select One:	
to use electronic signatures):		WILL PICK UP	
		or	
		MAIL/ EMAIL TO THE ADDRESS PROVIDED	
I HEREBY AUTHORIZE AMPHITHEATER HIGH SCHOOL TO PAPER MAIL MY TRANSCRIPT TO:			
Name of School, College, or University:		Attention to:	
Street Address:		Phone:	
City & State:		Zip Code:	
-			
I HEREBY AUTHORIZE AMPHITHEATER HIGH SCHOOL TO EMAIL MY TRANSCRIPT TO:			
Name of School, College, or University:		Authorized Email Address for the school's official	
		transcript recipient	ı: