

TUCSON UNIFIED SCHOOL DISTRICT

RISK MANAGEMENT DEPARTMENT/STUDENT RECORDS
1010 E. 10TH STREET TUCSON, AZ 85719
PHONE: (520) 225-6125 FACSIMILE: (520) 225-6061 EMAIL: RECORDS@TUSD1.ORG

STUDENT RECORDS REQUEST

STUDENT INFORMATION:

First Name: _____ Last Name: _____

Maiden Name: _____ D.O.B: _____

(Required)

PARENT INFORMATION:

Mother's Name: _____ Father's Name: _____

CURRENT ADDRESS/PHONE:

Street Address: _____ Apt #: _____

City/State: _____ Zip: _____

Please choose how you would like to receive your Records:

Mail Records Call for Pickup/Phone #: _____

Email/Address: _____

SCHOOL INFORMATION:

High School: _____ Grade(s): _____ Year(s) Attended: _____

Middle School: _____ Grade(s): _____ Year(s) Attended: _____

Elementary School: _____ Grade(s): _____ Year(s) Attended: _____

Records Requested-Please Specify: _____

Signature of Requesting Party

Date

Please sign and return completed form to the Student Records Office with a current copy of picture ID. Students over the age of 18 must complete and sign this request form to obtain his/her education records.

Received by: _____

Date: _____