



Cartwright School District 83
5220 W Indian School Rd Phoenix, AZ 85031
Tel: 623-691-4000 Fax: 623-691-5920
studentrecords@csd83.org

Request for Student Records

Student Information:

Legal Last Name		First Name		Middle Name
Date of Birth	Mother's Full Name		Father's Full Name	
Name of last school attended		Last grade attended	What year did the student leave Cartwright School District	
Was the student promoted from 8 th grade while attending this district			If yes, what school year was the student promoted	

Records Being Requested:

<input type="checkbox"/> Grades	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Test Scores	<input type="checkbox"/> Attendance
<input type="checkbox"/> Birth Certificate (We are not required to keep birth certificates but if it's left in the student file, we will provide a copy)			
<input type="checkbox"/> Other: _____			
Reason for Request:			
Indicate how you want to receive the records:			
<input type="checkbox"/> Pickup in Person			
<input type="checkbox"/> Fax: _____			
<input type="checkbox"/> Email: _____			
<input type="checkbox"/> US Mail: _____			

Requester Information:

<input type="checkbox"/> Self/Student (Now 18 years or older)	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian
Name:		
Current Address:		
Phone Number:	Signature:	Today's Date:

**If student is under 18 years of age, records may only be released to parent or legal guardian.
If student is 18 or older, records may only be released to the student. Photo ID is required with this request form.**

Requests may take up to seven business days to process.

This Section for Office Use Only			
Date Contacted:	Date Mailed:	Copy of ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Emailed:
Date Picked Up:	Date Mailed:	Date Faxed:	Date Emailed:
Comment:			