



CAVE CREEK UNIFIED SCHOOL DISTRICT



REQUEST FOR RECORDS

STUDENT'S LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

BIRTHDATE _____ PRESENT GRADE _____ DATE REQUESTED SCHOOL _____

SCHOOL STUDENT LAST ATTENDED _____

ADDRESS (SCHOOL LAST ATTENDED) _____

CITY, STATE, ZIP (SCHOOL LAST ATTENDED) _____

PHONE# (SCHOOL LAST ATTENDED) _____ FAX# (SCHOOL LAST ATTENDED) _____

PLEASE SEND RECORDS FOR THE STUDENT LISTED ABOVE INCLUDING:

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| <table border="0"> <tr><td>FAX</td><td>MAIL</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table> | FAX | MAIL | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | <ul style="list-style-type: none"> OFFICIAL TRANSCRIPT (HS),OR REPORT CARDS (GRADE 8) WITHDRAWAL FORM (INCLUDING AZ. SAIS ID# IF APPLICABLE) WITHDRAWAL GRADES FOR CURRENT CLASSES FROM SENDING SCHOOL EXPLANATION OF SCHOOL'S GRADING SYSTEM HEALTH RECORDS (INCLUDING IMMUNIZATIONS) ATTENDANCE & DISCIPLINE STANDARDIZED TEST RESULTS (INCLUDING AIMS FOR THE STATE OF ARIZONA) ECAP (EDUCATION CAREER ACTION PLAN) I.E., 4 YEAR PLAN 504 PLAN (IF APPLICABLE) BIRTH CERTIFICATE |
| FAX | MAIL | | | | | | | | | | | | | | | | | | | | | | | | | | |
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I HEREBY AUTHORIZE THAT THE INFORMATION REQUESTED BE SENT TO CACTUS SHADOWS HIGH SCHOOL:

PARENT, GUARDIAN OR SCHOOL OFFICIAL SIGNATURE DATE

PLEASE ADDRESS ALL FAX OR MAIL ITEMS TO:

<p>CACTUS SHADOWS HIGH SCHOOL ATTN: PAMELALAZO, REGISTRAR PO Box 426 CAVE CREEK, AZ 85327</p>	<p>PHONE: 480.575.2413 FAX: 480.575.2388 plazo@ccusd93.org</p>
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PLEASE ONLY SEND SPECIAL EDUCATION RECORDS TO:

<p>CCUSD SPECIAL EDUCATION ATTN: COMPLIANCE SPECIALIST PO Box 426 CAVE CREEK, AZ 85327</p>	<p>PHONE: 480.575.2012 FAX: 480.488.6711</p>
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1st REQUEST 2ND REQUEST