PROVO CANYON SCHOOL – ACADEMIC RECORDS REQUEST FORM

REQUEST FROM: (Name, Social Security #, Date of birth, Phone #, and Address)

_____
_____
_____
_____

I, _____, give _____ permission
(student's name) (school providing records)

To send ____ copies of my official or unofficial transcript and/or records.
(number) (circle one)

_____
(signature and date)

WHERE RECORDS SHOULD BE SENT
(Name and Address or EMAIL)

_____

_____

_____

# PER HIPAA AND FERPA GUIDELINES, PLEASE PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING:

**State identification (ID) card. Driver license (front and back). US passport or card. US military card (front and back)**

Please send all academic transcript requests to

Jennifer.Craig@uhsinc.com or mail

Jennifer Craig
5899 West Rivendell Drive
West Jordan, UT 84081