



ARIZONA STATE BOARD OF ACCOUNTANCY

100 N. 15th Avenue, Suite 165
Phoenix, Arizona 85007
Phone: 602-364-0804
Fax: 602-364-0903
Email: info@azaccountancy.gov

TRANSCRIPT REQUEST FORM

Dear Office of the Registrar,

Please send my official transcript to me at the address below in a **SEALED** envelope and apply a school seal over the flap on the reverse of the envelope. I will be forwarding the transcript in the school envelope directly to the Board. Alternatively, if electronic transcripts are available, they can be sent directly to the Board through email to info@azaccountancy.gov. This procedure is required by the Arizona State Board of Accountancy for my application to sit for the Uniform CPA Examination and to become a Certified Public Accountant.

Name

Address

City

State/Province

Postal Code

Country

Student Transcript Information

Name on Transcript

Date of Birth

Signed By

Date