



Valley Adult School

520 Chaney Street • Lake Elsinore, CA 92530 (951) 253-7093 (951) 253-7039 FAX
Dr. Greg Cleave, Principal • Nohora Vazquez, Assistant Principal

Records Request Form

Last Name _____ Last Name _____ Maiden/Legal Name _____

Mailing Address _____ City _____ State _____

Zip _____ Contact Phone # _____ Birth Date _____

STATUS: Grad _____ Non-Grad _____ GED _____ Cert. of Achievement _____ Withdrawal _____ Other _____

NAME OF LAST SCHOOL ATTENDED - _____

City, State _____ Phone Number: _____

Last Year Attended _____ FAX Number: _____

REQUEST FOR: College _____ Employment _____ Other _____

Official Transcript _____ Unofficial Transcript _____ Enrollment Verification _____

Attendance Verification _____ Graduation Verification _____ Deferred Action Document _____

Cal Grant Application _____ Other _____

FEES:

Official Transcript	\$6.00 per copy	Cal Grant Application	\$6.00 per copy
Deferred Action Document	\$6.00 per copy	Enrollment Verification	\$6.00 per copy
Verification of Graduation	\$6.00 per copy	Attendance Verification	\$6.00 per copy

The Federal Family Rights and Privacy Act of 1974 and California law, upon request of the school receiving a transfer student, do not require the school, which is forwarding student records, to obtain parent permission to release these records. In compliance with California Education Code, upon receipt of the records, this school will inform the parents of their right to inspect, review and challenge the content of the transferred records.

Special Instructions:

SIGNATURE REQUIRED BELOW:

Signature: _____

Date: _____

Identification Verification: _____

Type: _____ Expiration: _____

FOR OFFICE USE ONLY

Date Received _____

Date Processed _____

Contacted Student: _____

NOTES: _____
