

VENTURE ACADEMY FAMILY OF SCHOOLS
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STUDENT TRANSCRIPT REQUEST FORM

CURRENT STUDENT:

FORMER STUDENT:

LAST YEAR ATTENDED or GRADUATION DATE: _____

Please fill out form and submit. Allow 3 days from submission for Registrar to review for processing; transcripts will be available on **THURSDAYS & FRIDAYS only**. Students are allowed as many transcripts as needed to send to colleges. If a transcript needs to be **faxed, mailed, emailed** you must fill out bottom portion of this form for **each transcript** that needs to be sent out.

***NOTE: No official/unofficial transcript will be issued if textbooks are owed**

Education Code 48904 (a) (1) The parent or guardian of any minor who willfully cuts, defaces, or otherwise injures in any way any property, real or personal, belonging to a school district or private school, or personal property of any school employee, shall be liable for all damages so caused by the minor. The liability shall not exceed Ten Thousand dollars (\$10,000). The parent or guardian of a minor shall be liable to a school district or private school for all property belonging to the school district or private school loaned to the minor and not returned upon demand of an employee of the district or private school authorized to make the demand.

Education Code 48904 (b) (1) Any school district or private school whose property is loaned to a pupil and willfully not returned upon demand of an employee of the district or private school authorized to make the demand may, after affording the pupil his or her due process rights, withhold the grades, diploma, and transcripts of the pupil responsible for the damage until the pupil or the pupil's parent or guardian has paid for the damages thereto, as provided in subdivision (a)

Name used while attending Venture: _____

DOB: _____ Teacher: _____

Number of transcripts needed: _____ Today's date: _____

Please check one:

Pick up Phone Number _____ (to call when ready)

Mail Fax Email (Where do you want it sent to)

SCHOOL: _____

ATTN: _____

ADDRESS: _____

CITY, ST. ZIP: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____