

VENTURE ACADEMY FAMILY OF SCHOOLS
(M) P.O. BOX 213030, Stockton, CA 95213
(P) 2829 Transworld Dr. Stockton, CA 95206
Phone (209) 468-5974 Fax (209) 953-2135
Email: eespinoza@sjcoe.net

STUDENT TRANSCRIPT REQUEST FORM

CURRENT STUDENT: **yes**

FORMER STUDENT: **yes** **GRADUATION DATE:**

Please fill out form and submit. Allow 5 days from submission for Registrar to review for processing; transcripts will be available on THURSDAYS/FRIDAYS only. Students are allowed as many transcripts as they need to send to colleges. If a transcript needs to be faxed or mailed, you must fill out bottom portion of this form for each transcript that needs to be faxed/mailed 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)

STUDENT NAME _____	DOB _____
TEACHER _____	
HOW MANY _____	TODAY'S DATE _____

Mail ___ Fax ___ to:
SCHOOL: _____
ATTN: _____
ADDRESS: _____
CITY, ST. ZIP: _____
FAX NUMBER: _____