

MESA GRANDE ACADEMY**Transcript Request Form**

975 Fremont Street ♦ Calimesa ♦ California ♦ 92320 ♦ 909-795-1112 ♦ 909-795-1653 FAX

Personal Information

Student's Name: Last _____ First _____ Middle _____

Mailing Address: Address _____

City _____ State _____ Zip _____

Phone Number: _____ Date of Birth: _____

First Year of Attendance: _____ Last Year of Attendance: _____ Year of Graduation: _____

Transcript Request**Please Check One:**

- I will pick up my transcripts.
- Please mail my transcripts to the address on the right.

Transcript requests with payment received will be ready for pick up or mailed within one week.

Send Official Transcripts To:

Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Send Official Transcripts To:

Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Payment

Total Transcripts Requested	Cost per Transcripts	Total Advance Payment Due
_____	X \$5.00	= _____

Check Payment Method:

- Cash
- Check or Money Order

Send Payment and Request Form To:

Attn: Registrar
Mesa Grande Academy
975 Fremont Street
Calimesa, CA 92320

It is not recommended to mail cash payments. Payments for processing transcripts are nonrefundable. Make checks and money orders payable to "Mesa Grande Academy" and include the student's name on the check. FAXED transcript requests will not be processed until payment is received.

Signature

Student's Signature: _____ Date: _____

Parent's Signature (if student is under 18): _____ Date: _____

Transcripts cannot be released without written consent of the student, or the parent if the student is less than 18 years of age.

This is to notify you of your right to receive a copy of the records being requested and a right to a hearing to challenge the contents of these records. Contact the registrar for instructions as to procedures to be followed if you wish to exercise your right in relation to this action.