

Email form to cslone@lcer.org

TRANSCRIPT REQUEST

LEWIS CENTER FOR EDUCATIONAL RESEARCH ACADEMY FOR ACADEMIC EXCELLENCE

17500 Mana Road, Apple Valley, California 92307 (760) 946-5414

Date: _____

Registrar:

Please send transcripts for _____

Student Name

Date of Birth: _____

To _____

Name of School or Scholarship

Street Address, City, State, Zip Code

Current Grade, Year Graduated or last year of attendance _____

____ Check if additional requests on back ____ Check here if to Pick-up

____ Check if Official ____ Check if Unofficial Number needed _____

Signature of Parent/Guardian or
student over the age of 16
(Adobe Digital Signature Allowed)

Please allow 3 business days for request to be completed

OFFICE USE ONLY

Official Transcripts: _____

Unofficial Transcripts: _____