

**LEWIS CENTER FOR EDUCATIONAL RESEARCH  
ACADEMY FOR ACADEMIC EXCELLENCE**

**TRANSCRIPT REQUEST**

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

Date: \_\_\_\_\_

Registrar:

Please send transcripts for \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student Name

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 if over the age of 18

Please allow three (3) business days for request to be completed

**OFFICE USE ONLY**

---

**Official Transcripts:** \_\_\_\_\_

**Unofficial Transcripts:** \_\_\_\_\_

---