

# REAL Journey Academies

3333 Concours St., Bldg 9, Ontario, CA 91764

web [realjourney.org](http://realjourney.org) | tel 909.888.8458 | fax 909.963.0968



## REQUEST FOR RECORDS

CONTACT: Alondra Gonzalez, Coordinator, Student Information and Records

EMAIL: [a.gonzalez2@realjourney.org](mailto:a.gonzalez2@realjourney.org)

<b>TYPE OF REQUEST:</b> <input type="checkbox"/> Transcript <input type="checkbox"/> Unofficial No. of Copies: _____ <input type="checkbox"/> Official (Sealed in Envelope) No. of Copies: _____ <input type="checkbox"/> Immunizations <input type="checkbox"/> Enrollment Verification <input type="checkbox"/> Other: Please Specify: _____	<b>DELIVERY METHOD:</b> <input type="checkbox"/> Pick-Up <input type="checkbox"/> Mail	<b>If mailing in request, please mail form to:</b>  REAL Journey Academies Attn: Coordinator, Student Information and Records, 3333 Concours Street, Building 9, Ontario, CA 91764
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<b>Which high school did you last attend with REAL Journey Academies?</b> <input type="checkbox"/> Entrepreneur High Fontana <input type="checkbox"/> Entrepreneur High San Bernardino	<b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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### FULL NAME WHILE ATTENDING

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH

**Year of Graduation or Last Year Attended:** \_\_\_\_\_

### Mailing Address (If choosing to have records mailed):

Addressed To: _____	
Street Address: _____	
City, State, Zip Code: _____	
Phone Number: _____	Email: _____

Parents may not request transcripts if the applicant is over 18 years old without written authorization. Please be ready to show photo identification.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE** Date Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

