



Redlands Adventist Academy

Cumulative Record and Transcript Request Form

Student Name: _____ Date of Birth: _____

Date of Request: _____ Previous Grade: _____

Previous School Name: _____

Previous School Address: _____

Previous School Email Address: _____

This student is now enrolled in Redlands Adventist Academy. Please send complete information about the student by forwarding their original Cumulative Record or similar folder. If your policy does not permit this, please send a copy of the cumulative record folder. Please include a complete and official report card and/or transcript of the work the student has done at your school.

Parental Permission:

By typing my name below, I give permission for my student's records to be released to Redlands Adventist Academy.

Parent Signature

Date

School & Administrator Information:

Please send the records to:

Redlands Adventist Academy
Attn: Registrar
130 Tennessee St
Redlands, CA 92373

For questions, please contact the RAA registrar at 909-793-1000 ext. 131 or registrar@redlandsacademy.org.

Records requested by

Date

To Complete Before Sending:

Records Sent by

Title

Date