## Request for Counselor/Registrar Review of Visual and Performing Arts Corporation Charter School (VAPAC) Transcript and/or Cumulative Record

## \*\* PLEASE PRINT \*\*

Student Name:				
Last Birth Date:		First	Student G	MI Gender:
Date of Request:	Supporting Docum	ents Attached:		
Requesting Party Name:		Relationshi	Yes p to Student	No ::
Primary Phone Number: _	Secondary Phone Number:			
Requesting School Name:	Phone Number:			
Reason for Counselor/Regis	strar Review:			
After completing the top portion of this for Sacramento City Unified School Administrative Support Unit 5735 47th Avenue, Box 800 Sacramento, CA 95824  You can also check our website at www.s	ol District			
	nselor/Registrar Reporting		is Line ***	
Counselor/Registrar Findin	ngs Are As Follows:			
Reviewed By:				
Counselor/Registrar Name	Coun	selor/Registrar	Phone #	Date Review Completed

<sup>\*</sup>Upon completion, this original document will become a permanent part of the student's cumulative record.