



Contact Name: \_\_\_\_\_ Contact email: \_\_\_\_\_

## High School Transcript Request Form

***Please print***

Student Full Name: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Dates of VFBA Attendance: \_\_\_\_\_

Amount due (\$10 per request): \_\_\_\_\_

\*VFBA will send three FREE transcripts, Recommendation Letter, GPA Requests, or Class Rank per student. A \$10.00 charge will apply for each after the first three.

\_\_\_\_ Please check here if you would the amount billed to your account.

\_\_\_\_ Payment enclosed made payable to VFBA, and mailed to 616 S. Trappe Rd.,  
Collegeville, PA 19426, Attn: Mrs. Debie Grace

**Please list the address(es) of the institution(s) where you would like your transcript mailed to.**

<u>Institution Name:</u>			
<u>Attn:</u>			
<u>Street</u>			
<u>City, State, Zip</u>			
<u>Fax Number</u>			

***\*Please allow two weeks for confirmation that your request is complete.***

***\*You will be notified via email.***

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Office Use: Date Received : \_\_\_\_\_ Completed: \_\_\_\_\_

Notes: \_\_\_\_\_