



High School Transcript Request Form

Please print:

Student Full Name: _____

Student Mailing Address: _____

Birth Date: _____

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.

(Example)

<u>Institution Name:</u>	Bob Jones University		
<u>Attn:</u>	Admissions or Director of Admissions		
<u>Street</u>	1700 Wade Hampton Blvd.		
<u>City, State, Zip</u>	Greenville, SC 29614		
<u>Fax Number</u>			
<u>Transcript, GPA, Report Card Copy, Letter of Recommendation</u> <u>Choose One:</u>	(Choose one)		

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

****You will be notified via email once your request has been processed.***

****Only UNOFFICIAL copies of transcripts will be issued to the student. OFFICIAL ones are mailed directly to the institution or business.***

Parent Signature: _____

(Parent signature required for current enrolled student)

Office Use: Date Received : _____ Completed: _____ Notes: _____