

# Ville de Marie Academy

## TRANSCRIPT REQUEST FORM

*Please note:*

- This form may be submitted by mail, facsimile, or in person.
- Please provide all required information and print legibly.

For Office Use Only	
<input type="checkbox"/> Picked Up	Date: _____
<input type="checkbox"/> Faxed	
<input type="checkbox"/> Mailed	

### STUDENT INFORMATION

Last Name	First Name	M.I.	Date of Birth
Mailing Address			Telephone Number
			(     )
City	State	Zip	Fax Number - <i>if applicable</i>
			(     )
VdM Enrollment Date	Month/Year of Graduation	E-mail Address	
/    /	/		

### TRANSCRIPT PROCESSING INFORMATION

Number of Copies	Type of Processing	Transcript to be
	<input type="checkbox"/> <i>Unofficial copy of transcript</i> <input type="checkbox"/> <i>Official Transcript</i>	<input type="checkbox"/> <i>Picked Up</i> <input type="checkbox"/> <i>Faxed (unofficial only)</i> <input type="checkbox"/> <i>Mailed</i>
Mailing Address for Transcript(s):		Additional mailing addresses
1.)		3.)
Contact ( <i>i.e.</i> , Admissions Office)		Contact ( <i>i.e.</i> , Admissions Office)
School Name / Institution		School Name / Institution
Street Address		Street Address
City	State	Zip Code
2.)		4.)
Contact ( <i>i.e.</i> , Admissions Office)		Contact ( <i>i.e.</i> , Admissions Office)
School Name / Institution		School Name / Institution
Street Address		Street Address
City	State	Zip Code
Please sign to authorize release of the transcript(s)		Method of Payment
_____ <i>Student's Signature</i>		<i>Check Number:</i> _____ <i>Amount:</i> _____  <i>Cash:</i> _____ <i>Amount:</i> _____
_____ <i>Date</i>		