John Hagemeister

Executive Director

1201 North Sales Street

Merrill, WI 54452

(715) 539-8360 / (844) BRIDGES

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STUDENT ACADEMIC TRANSCRIPT REQUEST

PLEASE COMPLETE A SEPARATE FORM FOR EACH REQUEST YOU ARE SUBMITTING.

I am requesting academic transcripts regarding my student/self:

|  |  |
| --- | --- |
| Student/Self Last Name: |  |

|  |  |
| --- | --- |
| Student/Self First Name: |  |

|  |  |
| --- | --- |
| Student/Self Maiden Last Name (if applicable): |  |

|  |  |
| --- | --- |
| Graduation Year: |  |

|  |  |
| --- | --- |
| Date of Birth:  Email Address: | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

BVA is authorized to forward the above named student’s official academic transcript from BVAto the organization listed below. The submitter of this request is responsible for the accuracy of the email or mailing address provided. (Parental permission (signature) is not required when transcripts are requested by a current or former student who is 18+ years of age.)

|  |  |
| --- | --- |
| Name of Organization to Send Transcript To: |  |

|  |  |
| --- | --- |
| Mailing Or Email Address of Organization: |  |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name of Person Submitting This Request Date

***This form should be submitted to*** [***mary.ball@bvaedu.org***](mailto:julie.losee@bvaedu.org) ***or may be mailed to:***

***Mary Ball, Bridges Virtual Academy, 1201 North Sales Street, Merrill, WI 54452***

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