



**1201 N Sales Street**

**Merrill, WI 54452**

**(715) 539-8360 (844) 274-3437**

**Bridges Virtual Academy**

***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: |  |

|  |  |
| --- | --- |
| Contact Email Address: |  |

BVA is authorized to forward the above named student’s official academic transcript from BVA to 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: |  |

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| --- |
|  |

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

Name of Person Submitting This Request Date

***This form should be returned to*** ***mary.ball@bridgesvirtualacademy.com*** ***or may be mailed to:***

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

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Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sent to Organization: \_\_\_\_\_\_\_\_\_\_\_\_