



High School Transcript Request Form

Please complete the form below to request your transcript. You may fax completed forms to (754) 321-6065 or scan and email the form to browardvirtualeducation@browardschools.com. **Payment of \$3 per transcript must be received before transcripts are released.** Payments must be made [online at the BVS e-store here](#). Please allow 2-3 days for processing.

Name: _____ Date: _____

BCPS student ID #: _____ Date of Birth: _____

Mobile phone: _____ Number of transcripts requested: _____

Please indicate below where you'd like your transcript(s) sent:

1. Please send my transcript(s) to the following home address:

Address: _____

City: _____ State: _____ ZIP: _____

2. Please send my transcript(s) to the following colleges/universities /scholarship agencies:

Name of institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of institution: _____

Address: _____

City: _____ State: _____ ZIP: _____

Student's signature: _____ **total paid \$** _____