



3111 Fortune Way | Suite B-16 | Wellington | Florida | 33414
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<http://www.virtualhse.com>

TRANSCRIPT REQUEST FORM

NOTICE: Please allow 3-5 days for your transcript request to be completed.

Last Name:	First Name:	MI:	DOB:
Name Change (Former Name):		Day Telephone Number:	FAX:
Full Current Address:		City:	State, Zip Code:
Email:		Current Grade or Program:	
Are you seeking NCAA compliance Yes _____ No _____			
Last School Attended:		City:	State, Zip Code:
<input type="checkbox"/> Unofficial 1. Fax: _____ 2. Email: _____		<input type="checkbox"/> Official (\$10.00) Mail to: _____	
I authorize Virtual High School of Excellence to charge my credit card on file for \$10.00 for an official copy of my transcript.			
Parent Signature: _____			
If you would like to use a new credit card, please fill out the form below and sign and date the authorization form.			
Name on Card: _____			
Credit Card Type: _____			
Credit Card Number: _____ - _____ - _____ - _____			
Expiration Date: ____/____/____ CVV: _____			
Billing Address: _____			
Street Address		Apt#	
_____		_____	
City		State	
_____		Zip Code	
_____		_____	
Authorization for release of transcripts (if under 18, parent/guardian must sign)			
Signature _____		Date ____/____/____	

TRANSCRIPT FAXING INSTRUCTIONS :

1. Print out this transcript form
2. Complete & sign all sections
3. Fax to: 1-866-230-0259

MAILING/PROCESSING:

1. Print out this transcript form
2. Complete & sign all sections
3. Mail to: 3111 Fortune Way Suite B-16
Wellington, FL 33414

E-MAIL INSTRUCTIONS:

1. Complete & sign all sections in this form
2. Email to: virtualschooladmin@gmail.com