

## Transcript Request

(Up to 2 week processing time required, plan accordingly)

**FERPA Law: Student's education records may be disclosed only with the student's prior written consent. The prior written consent must:**

- Specify the records to be released
- State the purpose of the disclosure
- Identify the party(ies) to whom disclosure may be made
- Be signed and dated by the student

\*Graduation Verifications are done through fax only.

Student's Name \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Last year attending Bellows Free Academy \_\_\_\_\_

**(COMPLETE NAME AND ADDRESS NEEDED FOR PROPER MAILING INFORMATION)**

Send Transcript to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason: \_\_\_\_\_

Person Requesting: \_\_\_\_\_ Contact No. \_\_\_\_\_

**Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Request cannot be processed without student's signature)

**Official transcripts are mailed directly to the college/organization.**  Official  Unofficial

**Send to:**

Bellows Free Academy / Guidance Office

71 South Main Street

St. Albans, VT 05478

[transcript@fcsuvt.org](mailto:transcript@fcsuvt.org)

Fax (802) 527-6467

Phone (802) 527-6570 or 527-6571

Below is for office use only

Date Transcript Sent: \_\_\_\_\_ via \_\_\_\_\_

(Rev 3/3/2016)