

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: _____

Common App: ☐ Yes

☐ No

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@maplerun.org Fax (802) 527-6467

Phone (802) 527-6570 or 527-6571

Below is for office use only

Date Transcript Sent: _____ via _____ (TR Rev 1/16/2018)