

SANDIA VIEW ADVENTIST ACADEMY

TRANSCRIPT REQUEST

Student's Name (when in attendance at SVA): _____

Date Requested: _____

Printed name of person requesting transcript: _____

Phone number of person requesting transcript: _____

Years Attended: _____ Graduation Year (if applicable): _____

SEND TO: (Name of institution, Mailing address, fax # where transcript is being sent)

Signature of person requesting transcript: _____ Date: _____

(If student is currently a Senior, student bill must be paid in full before transcript is sent. If student has graduated or no longer attends SVA, student bill must be paid in full and \$15 fee must be received before transcript is sent.)

OFFICE USE ONLY

Date Sent _____ Fee/payment included? YES NO

Method sent: FAXED MAILED PICKED UP FROM THE OFFICE

Office personnel signature went sent or picked up: _____

