

VANTAGE POINT EDUCATION TRANSCRIPT REQUEST FORM

Student

Today's Date

Mailing Address For Transcript:

Attn: _____

Address: _____

Date Transcript needed: _____

(Allow a minimum of two weeks from the date request is received by VPE – please give an exact date needed and do not indicate ASAP.)

Cost:

- Accredited student – 3 Free per year; additional copies \$10 each
- Non-accredited student - \$20/transcript.
- **Rush transcripts** (required earlier than the normal 2 weeks processing time) – add \$20 (accredited and non-accredited students)

Each request must be accompanied by a separate completed and signed form.

I authorize the release of the transcript for my student listed above.

Parent/Guardian Signature

Mail request with payment to: Vantage Point Education
5562 Snowy Orchid Drive
Sugar Hill, GA 30518

For Office Use Only:

Date Mailed: _____ **By:** _____