

**THE PRO-VISION ACADEMY
TRANSCRIPT REQUEST FORM**

4590 Wilmington Street, Houston, TX 77051

Phone: 713-748-0030

FAX: 713-748-0037

EMAIL: cmiller@pvacademy.org

Return completed form to Ms. Johnson Miller, Registrar in person, by mail, by fax or email.

If mailing, faxing or emailing, please include your signed form included as an attachment and a copy of your ID. Please be sure to use your student name and ID# in the subject line, if emailing.

1. _____
LAST NAME FIRST MIDDLE NAME ATTENDED UNDER—IF DIFFERENT

2. _____
STREET ADDRESS

3. _____
DATE OF BIRTH

4. _____
CITY STATE ZIP SOCIAL SECURITY NUMBER

5. _____
PHONE NUMBER WHERE YOU CAN BE REACHED

6. _____
YEAR OF GRADUATION

7. Type Needed: Official Copy
Transcripts will be mailed directly to the school or address provided and cannot be picked up.
 Unofficial/Student Copy
Available 48 hours from processed date and can be picked up.

8. Number Ordered: _____

9. Reason for Requesting Transcript: Employment Education Identification

10. _____
SIGNATURE OF PERSON REQUESTING TRANSCRIPT DATE
(Required for students under the age of 18)

MAIL TRANSCRIPT TO: _____

Name of Institution, Organization, or Individual _____ Mailing
Address _____
City State Zip _____

PLEASE NOTE:

*REMEMBER TO PROVIDE ADDRESSED, STAMPED ENVELOPES FOR MAILING OF TRANSCRIPTS.

*Parents cannot request transcripts for their adult children. Spouses cannot request transcripts.

*This form is for transcript requests only. Letters of recommendation, counselor forms, etc. should be given to your counselor.

If transcript needs to be emailed to someone other than yourself, please provide email:

Office Use Only

Received on _____ (date) by _____ (name)

Fulfilled on _____ (date) by _____ (name)