

Highland View Academy

10100 Academy Drive · Hagerstown, MD 21740

Phone (301)739-8480 · Fax (301)576-7794

Transcript Request Form

Name _____ Date of Request _____

Name while attending HVA (if different) _____

Current Address _____ Phone _____

Date of (check one) Withdrawal Graduation from HVA (mm/yyyy) _____

Please forward my official transcript to:

School _____

Attention _____ Phone _____

Address _____

Payment Information

\$10.00 Transcript fee enclosed (fee not required for first transcript request)

Charge my credit card: Visa AmEx Mastercard Discover

Credit Card Number _____ Exp. Date _____

Signature _____ Security Code _____

Highland View Academy policy states that transcripts cannot be released until the student account has been cleared. If your transcript cannot be released at this time, you will be notified at the address you have given above. For questions regarding your account, please contact the HVA Business Office at (301)739-8480 ext. 233.

By signing below I authorize Highland View Academy to release my transcripts to the institution named above.

Signature (Must be signed by a parent if under 18 years of age)

Date