



Please fill out the information completely and mail this form and your payment to Laura Pinto at 6600 SW Nova Drive, Ft. Lauderdale, FL 33317. Feel free to contact Mrs. Pinto with any questions or concerns via email at [laura.pinto@browardschools.com](mailto:laura.pinto@browardschools.com) or at (754) 321-1103.

Please allow 2-3 days for processing. Payment of \$3.00 per transcript must be received before processing is completed. Methods of payment accepted are exact cash, money orders, or personal checks (made out to Broward Virtual School).

Name \_\_\_\_\_ Date \_\_\_\_\_  
Student # \_\_\_\_\_ or Social Security # \_\_\_\_\_  
Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Home or other Phone # \_\_\_\_\_

1. Name of College/University/Scholarship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_
2. Name of College/University/Scholarship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_
3. Name of College/University/Scholarship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_
4. Name of College/University/Scholarship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_
5. Name of College/University/Scholarship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_
6. For Personal Use: (how many?) Official copies \_\_\_\_ Unofficial copies \_\_\_\_

Student Signature \_\_\_\_\_ Total due \$ \_\_\_\_\_