



BROWARD VIRTUAL SCHOOL
BVS Transcript Request Form

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 or at (754) 321-1100.

Please allow 2-3 days for processing. Payment of \$1.00 per transcript must be received before processing is completed. Exact cash, money orders, or Checks can be 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 \$ _____