

Transcript Request/Graduation Verification

Date Requested: _____

Student's Name _____

Student's Date of Birth: _____

Last year attending Bellows Free Academy _____

Send Transcript to: _____

Person Requesting: _____

Official transcripts are mailed directly to the college.

Date Transcript Sent: _____

Send to:
Attn: Kelly Hirss, Registrar
Bellows Free Academy
71 South Main Street
St. Albans, VT 05478
khirss@bfasta.net
(802) 527-6467 Fax
(802) 527-6570 Phone