

**SANDIA VIEW ADVENTIST ACADEMY**  
**TRANSCRIPT REQUEST**

Date Requested: \_\_\_\_\_

Student's Name (when in attendance at SVA): \_\_\_\_\_

Years Attended: \_\_\_\_\_ Graduation Year (if applicable): \_\_\_\_\_

I (signature) \_\_\_\_\_, request the release of my official transcript to the following institution/address listed below.

**SEND TO:** (Name of institution, Mailing address of where transcript is being sent)

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A transcript request will be mailed from SVA upon receipt of written request with signature of student, provided the financial account is paid in full. A \$15 fee must be received before transcript is sent.)

**Send this completed form to**

**Sandia View Academy**

**65 Sandia View Lane, Corrales NM 87048**

**Email: [information@sandiaviewacademy.org](mailto:information@sandiaviewacademy.org)**

**OFFICE USE ONLY**

Date Sent \_\_\_\_\_ Fee/payment included?    YES        NO

Method sent:            MAILED            PICKED UP FROM THE OFFICE

Office personnel signature: \_\_\_\_\_

