



Vincent Gray Academy
P. O. Box 428, 1048 State Street
East St Louis, IL 62201
Phone: 618-875-7880

TRANSCRIPT REQUEST

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip _____

Phone#: _____ Graduation Date: _____

Email: _____ Social Security Number Last 4 Digits: _____

Attended VGA/ CAC: _____ Number of Transcripts Requested: _____

**The Cost of each transcript is \$5.00, which must be submitted before processing can start.
Transcripts will be processed in 7 Business Day after receiving request and fees.**

Where to send Transcripts:

_____	_____
_____	_____
_____	_____

Student Signature: _____

Staff Initials _____