New Process & Using ScribOrder to request MGLVA student records

Hello,

To expedite record requests and provide an enhanced/more secure service for the transfer and request of student records, all record requests must be made online using https://mglvami.scriborder.com/ effective Thursday, September 30, 2021.

Fax, phone, mailed and emailed requests will no longer be accepted.

Current students or Parent/Guardian - select this icon



Current Student Records Request Step 1, Please Enter All Information

This is an official request for a copy of a student record. The information contained in this request should be considered private. Please complete all information in full and then finalize the order process by clicking 'Proceed to Check Out'. The information required on this page is necessary to verify and protect your school record from being accessed by unauthorized individuals. You will receive emails from scribOnline@scribsoft.com to notify you of the status of your order. It is important you read those emails carefully as additional information may be required to process your request. In addition to email, you have the option to receive status updates via text message. ACCESSING THE ORDER TRACKER: Once the order has been submitted and payment received, you will be directed to a confirmation page which contains the link to the Order Tracker. You will also receive a link to the Order Tracker via email from scribonline@scribsoft.com. To access the Order Tracker, you will enter your email address, order number and password. Student's Current Name: * Last Name: * First Name: Middle Name: Maiden Name: Suffix: * Last 4 SSN: (confirm) * Last 4 SSN: Information Related To Student's Birth: ★ Current Age: required * Date of Birth Birth City: Birth State: Birth Country: United States Your Current Michigan Great Lakes Virtual Academy School of Attendance: * Name of School: ★ Grade: Current Residence Address: (this may be different than the mailing address) * Address Line 1: Address Line 2: * City: * State: (region) ★ Zip Code: (postal code) Mailing Address Different: Yes Vo ★ Country: United States

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Telephone Numb	er: (###-###-###)								
★ Primary:				★ Cell:	+1()				
Updates via Text Message?	✓ Yes No								
Driver's License:	(or other State Issu	led ID)							
★ ID Number:			9	★ Issuing State:					
Email:									
★ Address:				★ Confirm:	required				
Special Instructions :									
Documents W	/ill Bo Dolin	varad Tar D	lease en	ter the delivery	addresses				
	Attention	Addr 1	Addr		State	Zip	Country	# of Copies	ery Address
Nume	Attention	Auui	Addi	City	State	-ib	country	" of copies	a
Reason(s) for Request of Student Record:				Cost of Records Request Processing					
☐ Employment				Original Copies					
☐ College									
Identification				Total Cost of Original Docs \$0.			\$0.00		
☐ Birth Certificate ☐ Immigration									
Other				Total Fee:			\$0.00		
Select The Information	on Tyne(s) Regues	ted:							
	script (Grades 9-12)								
Immunization Re	cord (\$0.00 ea. + \$0.00 co	ору)							
Report Card (\$0.0	0 ea. + \$0.00 copy)								
Copy of Birth Cer	tificate (\$0.00 ea. + \$0.00	O copy)							
☐ Enrollment Verific	cation (\$0.00 ea. + \$0.00 c	copy)							
☐ Withdraw Verifica	tion (\$0.00 ea. + \$0.00 co	py)							
Absence Interven	tion Plan (\$0.00 ea. + \$0	U.UU copy)							
☐ Individual Educat	ion Plans (IEP) (\$0.00	a + \$0.00 copy)							
504 (\$0.00 ea. +\$0.0	Report (ETR) (\$0.00 e	2 \$3.00 copy)							
Test Scores (\$0.00) ea. + \$0.00 copy)								
Attendance (\$0.00									
Attenuance	ea. + \$0.00 copy)								
Guardianship (\$0.	ea. + \$0.00 copy) 00 ea. + \$0.00 copy)								

AUTHORIZATION NOTIFICATION:

My initials below constitute an electronic signature and authorizes Michigan Great Lakes Virtual Academy to release information and / or my student record and confirms I have completed all sections accurately and truthfully, including information verifying my identity. I understand that the recipient of the record(s) will use the indicated documents(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

I have enclosed the correct fees and understand that they are nonrefundable. I understand that an incomplete form will not be processed and will be considered closed after expiration of the 30 day notification window. I declare under penalty of perjury that the foregoing is true and correct.

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*The initials entered must match the student's current name, but the signature may be your own. After signing please select Complete Order.

Once this is completed you should receive a confirmation email that states your request has been submitted. We process requests in the order they are received, and are returned to you via ScribOrder.

Thank you!