

USVI DEPARTMENT OF EDUCATION
St. Thomas-St. John School District
PO Box 7729, St. Thomas, VI 00801
Telephone: (340) 775-2250 Fax: (340) 775-7381

REQUEST FOR TRANSCRIPT AND/OR VERIFICATION

_____ LAST NAME (while in school)	_____ FIRST NAME	_____ MIDDLE NAME	_____ Date of Birth
_____ School Attended	_____ Student#	_____ Graduation Year/Last Year Attended	_____ Last Grade Enrolled
_____ Person Requesting Transcript	_____ 1st Contact Phone#	_____ 2nd Contact Phone#	_____ Relationship

Requests are usually processed within 3 business days.

Date of Request	SEND TRANSCRIPT TO	Date Completed and Emailed	Official's Signature
	<div>_____ Institution or Person</div> <div>_____ Address</div> <div>_____ City</div> <div>_____ State</div> <div>_____ Zip Code</div> <div>_____ c/o Person or Office</div> <div>_____ Telephone#</div>		

Official transcripts are mailed from institution to institution.

(Student must be withdrawn before requesting an official transcript otherwise an unofficial transcript will be provided.)

(Save and/or Print this form for your records before submitting.)