THE VIRGIN ISLANDS DEPARTMENT OF
EDUCATION
DIVISION OF STUDENT SERVICES

4053 La Grande Princesse, Christiansted, VI 00820
Phone: (340) 778-1600 or 340-773-1095 Ext 7600● Facsimile: (340) 718-4494
Email:studentservices@stx.k12.vi ● Website: www.vide.vi

TRANSCRIPT /VERIFICATION REQUEST FORM

This form is and not for Night School /Adult Education Programs. For Adult Education/Night School call 340-713-9118

Date of Request _____ ☐ **VERIFICATION** ☐ **TRANSCRIPT**

$10.00 per Verification *$10.00 per Transcript*

Cash or US Money Order only. Please make Money Order payable to Virgin Islands Department of Education

I hereby request the release of School Records for:

_____ _____

Name of Student *Name While Attending School*

Date of Birth: _____ Social Security#: _____-_____-_____

Present Mailing Address: _____ City: _____

State: _____ Zip:_____

Attended: ☐ St. Croix Central High School Years Attended: _____ - _____ Graduation Year: _____

☐ St. Croix Educational Complex Years Attended: _____ - _____ Graduation Year: _____

Please send Transcript/Verification(s) to:

1. *Name/Institution*: _____

   Address:_____ City: _____

   State_____ Zip: _____ Email: _____

   Fax #: _____ Telephone#: _____

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2. *Name/Institution*: _____

   Address:_____ City: _____

   State_____ Zip: _____ Email: _____

   Fax #: _____ Telephone#: _____

Requestor's Information:

_____ OR _____

Student Signature ***Other*** Signature

Print Name: _____ Print Name:_____

Tel: _____ ***Relationship to student:*** _____ Tel:_____

To be completed by Division of Student Services

☐ Payment Received Receipt # _____