



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

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 while in school: _____ Present Name: _____

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

Present Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

School Attended:

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

St. Croix Educational Complex Yrs Attended: _____ - _____ Graduation Year: _____

The Manor School Yrs Attended: _____ - _____ Graduation Year: _____

Academy of the West Indies Yrs Attended: _____ - _____ Graduation Year: _____

Please send Transcript/Verification(s) to:

1. *Name/Institution:* _____

Address: _____ City: _____

State _____ Zip: _____ Email: _____

Fax #: _____ Telephone#: _____

2. *Name/Institution:* _____

Address: _____ City: _____

State _____ Zip: _____ Email: _____

Fax #: _____ Telephone#: _____

Student Signature OR _____
Requestor's Signature

Print Name: _____ Print Name: _____

Tel: _____ Relationship to student: _____ Tel: _____

To be completed by Division of Student Services Payment Received Receipt # _____