

## USVI DEPARTMENT OF EDUCATION

## St. Croix School District

**Division of Student Services** 

4053 La Grande Princesse, Christiansted, VI 00820 Telephone: (340) 773-1095 Fax: (340) 718-4494 Transcript Verification

## **REQUEST FOR TRANSCRIPT AND/OR VERIFICATION**

LAST NAME (while in school) School Attended		FIRST NAME MIDDLE NAME   GraduationYear/Last Year Attended Last Grade Enrolled		AIDDLE NAME	Date of Birth	Last 4#s of SS#
				i	Contact Email Address	
Person Requesting Transcript		1st Contact Phone# 2nd Contact Phone#		2nd Contact Phone#	Relationship	
		Requests are usually proce	essed within 3 bu	isiness days.		
Date of Request		SEND TRANSCRIPT TO			Date Completed Emailed, Mailed, or Picked Up	Official's Signature
	Institution or Person					
	Address					
	City		State	Zip Code		
Email Address			Telephone#			
	c/o Person or Office		Fax Number#			

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(Student must be withdrawn before requesting an official transcript otherwise an unofficial transcript will be provided.)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