USVI DEPARTMENT OF EDUCATION

# St. Thomas-St. John School District

Division of Student Services

1834 Kongens Gade, St. Thomas, VI 00802

Telephone: (340) 774-0100 or (340) 775-2250

☐ Transcript

☐ Verification

## REQUEST FOR TRANSCRIPT AND/OR VERIFICATION

LAST NAME (while in school) | FIRST NAME | MIDDLE NAME | Date of Birth | Last 4#s of SS#

School Attended | GraduationYear/Last Year Attended | Last Grade Enrolled | Contact **Email Address**

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 Emailed, Mailed, or Picked Up | Official's Signature |
|---|---|---|---|
| | **Institution or Person**<br>**Address**<br>**City** / State / Zip Code<br>**Email Address** / Telephone#<br>**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*(Student must be withdrawn before requesting an official transcript otherwise an unofficial transcript will be provided.)*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/Print

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

Submit