

VIRGIN ISLANDS DEPARTMENT OF EDUCATION
CHARLOTTE AMALIE HIGH SCHOOL

Address: P.O. Box 7729 | St. Thomas, VI 00801
Telephone: (340) 774 - 0780

Transcript Request Form

Date of Request: _____ Currently Enrolled ☐ Yes ☐ No		Graduated: ☐ Yes ☐ No
Student's Name: _____ (As shown on school records) LAST FIRST M.I.		_____ Graduation Date Last Attended
Current Name: _____ (If Name Has Changed) LAST FIRST M.I.		_____ SSN / Student ID (if known)
_____ Request Made By	_____ Relationship	_____ Homeroom (if known)
_____ Contact #		
☐ Official ☐ Unofficial ☐ Both <i>Official: Authorized transcript, signed by registrar, stamped with school seal.</i> <i>Unofficial: Personal transcript without registrar signature and stamped unofficial.</i>	SEND TRANSCRIPT TO: _____ _____ _____ _____ Copies:	<u>FOR OFFICIAL USE ONLY</u> Fee (\$10.00) per transcript Receipt#: _____ Date Sent: _____ School Official: _____
Transcripts will not be processed without a signature. Requests are usually processed within 2 - 3 business days. NOTE: <u>Official Transcripts go from School-to-School or School-to-Agency</u>		

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