



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

Department of Curriculum and Instruction
Guidance Services and Student Records Office

PAGE 1 OF 2

COMPLETE and SIGN BOTH SIDES

RECORDS RELEASE FORM - (FORMER STUDENTS)

Transcript requests cannot be processed for same day service. Upon receipt of signed completed release and payment, your request will be processed within 15 working days.

Check the document(s) you are requesting:

IMMUNIZATION FILE _____ (\$3.00 ea) TEST SCORES _____ (\$3.00 ea) TRANSCRIPT _____ (\$3.00 ea)

My name on my school record was: _____
Last First Middle

My current last name is: _____

Present Address _____
Street

City State Zip

Telephone _____ Date of Birth _____

Social Security Number _____

I GRADUATED _____ from _____
Month Year Name of Virginia Beach High School

I DID NOT GRADUATE. I WITHDREW _____
Name of Last Virginia Beach Public School Attended

On _____

Year of Withdrawal - Request cannot be processed without this information

I **DID** attend _____ I **DID NOT** attend _____ Special Education classes.

Please mail the document(s) to: Additional Spaces on Reverse Side

(1) Name _____

Address: _____

City, State, Zip: _____

Signature of Former Student: _____ Date: _____

OVER

PAGE 2 OF 2
COMPLETE and SIGN BOTH SIDES

IMMUNIZATION FILE _____ (\$3.00 ea) TEST SCORES _____ (\$3.00 ea) TRANSCRIPT _____ (\$3.00 ea)

Please mail the document(s) to:

(2) Name _____

Address: _____

City, State, **Zip**: _____

(3) Name _____

Address: _____

City, State, **Zip**: _____

NOTICE OF NECESSITY OF ACCURATE INFORMATION

Please note that student records are archived by school by graduation date -or- by school by withdrawal date.

To assist the Guidance Services and Student Records office in processing your request in a timely manner, it is imperative that you submit correct information that is legible.

- Full name used when you last attended Virginia Beach schools
- Graduation or withdrawal date (forms submitted without this information will be returned to student)
- Name of last Virginia Beach Public School attended

Incorrect or illegible information will result in delays and may result in the inability to locate your record.

All transcripts are mailed. Received transcript requests and payments (whether mailed in or dropped off in person) are date stamped and processed in sequential order and mailed to the address or addresses listed on pages 1 and 2. - **Zip codes must be provided** -

I have read the above information and understand the importance of submitting correct and legible information.

Signature of Former Student: _____ Date: _____

PLEASE RETURN TO: Student Records Office – Virginia Beach City Public Schools
520 S. Independence Blvd - Virginia Beach, VA 23452
Telephone: (757) 648-6160 Hours: 8:30 a.m. – 4:30 p.m. / Monday - Friday

There is a \$3.00 fee per document – NO CASH, CREDIT OR DEBIT CARDS ACCEPTED.

A CHECK OR MONEY ORDER MADE PAYABLE TO : VBCPS (VIRGINIA BEACH CITY PUBLIC SCHOOLS) **IS THE ONLY ACCEPTABLE FORM OF PAYMENT. THANK YOU.**

Revised June 20, 2008