



Department of Teaching and Learning

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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 14 working days.**

Check the document(s) you are requesting:

IMMUNIZATION FILE _____ (\$5.00 ea) TEST SCORES _____ (\$5.00 ea) TRANSCRIPT _____ (\$5.00 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 City Public High School

I DID NOT GRADUATE. I WITHDREW _____
Name of Last Virginia Beach City 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 _____ (\$5.00 ea) TEST SCORES _____ (\$5.00 ea) TRANSCRIPT _____ (\$5.00 ea)
(only available after 1985)

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 Office of Student Support Services 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 City Public Schools
- Graduation or withdrawal date (forms submitted without this information will be returned to student)
- Name of last Virginia Beach City 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: _____

**MAIL FORM TO: Office of Student Support Services – Virginia Beach City Public Schools
2512 George Mason Drive – Virginia Beach, VA 23456**

There is a \$5.00 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.**

Please call 757-263-1980, if additional assistance is needed with completing your request.