



REQUEST FOR RELEASE OF STUDENT RECORDS/VERIFICATION LETTER

Please print/type. A valid and legible Government issued photo ID must be submitted with this form.

Incomplete or unclear forms will not be processed.

Request for: ☐ Records ☐ Verification Letter

Name of Requestor _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone: _____ Email: _____

Relationship to Student: ☐ Self (18 and over) ☐ Parent or legal guardian ☐ Other _____

Student Name While Attending _____

Last

First

Middle

Last four digits of Social Security Number: (for verification purposes) _____

Place of Birth: _____ Date of Birth _____

Last School Attended _____

Last Grade Attended _____ Last Year Attended _____ Exit Status: ☐ Graduated

☐ Withdrawn

What is the purpose of the request? _____

Indicate specific records to be released _____

No. of copies requested _____ ☐ Fax ☐ Mail ☐ Pick-Up

Release to (name of recipient and address) _____

Authorization/Release

I authorize the records indicated above to be released as identified above. I further expressly hold harmless, indemnify, and release the Virgin Islands Department of Education and all its employees and representatives from any and all liability, claims, and causes of which may arise out of, relate to, or is any way connected directly or indirectly to the disclosure of the records/information requested.

Signature _____ Date _____

For Office Use Only

Releasing office/school _____

Date Received: ____/____/____ Logged by: _____ Date Complete: ____/____/____

____ Faxed ____ Mailed ____ Pick-Up Request processed by: _____