



Chesapeake Public Schools
312 Cedar Road
Chesapeake, VA 23322
Attn: Records Request
757-494-8078

Request for Chesapeake Public School Transcript

*****Only use this form if you have been out of a Chesapeake Public School for five or more years*****

To request your school transcript, fill out this form; enclose **cash, check or money order** made payable to **Chesapeake Public Schools**; enclose copy of picture ID, and **mail the form, payment, and ID** to: *Chesapeake Public Schools, 312 Cedar Road, Chesapeake, VA 23324, Attn: Records Request*

PLEASE PRINT

Last Name Maiden Name First Name Middle Name

Street Address

City, State, Zip Code

Telephone Number Cell Phone Number

Date of Birth Last Four Digits of Social Security Number

Name of Last Chesapeake Public School Attended Date of Graduation or Withdrawal

I authorize that the information requested and contained in my student record be released to the college and/or agency named below or to myself.

Signature Date

Information Requested (check one or more)
____ **High School Transcript**
____ **SAT Scores**
____ **Immunization Record** } **\$5.00** each

Entire School Record (Call for fee)

Mail to: _____

