



**Chesapeake Public Schools**  
Microfilm Department  
2107 Liberty Street  
Chesapeake, VA 23324

## **Request for Chesapeake Public School Transcript**

To request your school transcript, fill out this form, enclose **cash, check or money order** payable to 'Chesapeake Public Schools', if applicable, and mail both the form and payment to: *Microfilm Department 2107 Liberty Street Chesapeake, VA 23324*

**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**

\_\_\_\_\_  
**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 (\$1.00 per copy)      \_\_\_\_\_ SAT Scores (no charge)

\_\_\_\_\_ Immunization Record (no charge)

\_\_\_\_\_ Copy of Entire School Record (\$2.00 fee)

**Mail to:**

\_\_\_\_\_  
\_\_\_\_\_