



IVANNA EUDORA KEAN HIGH SCHOOL

6501 Red Hook Plaza, Suite #3, St. Thomas, VI 00802

Telephone: 340-775-6380 • Email: iekhsinfo@Vide.vi

TRANSCRIPT REQUEST FORM

Date of Request: _____

Student's Name: _____

(as shown on school records) Last First M.I.

Are you a current student?

☐ Yes ☐ No

Student's Name: _____

(If name has changed) Last First M.I.

If No, what was the last date attended
or graduation date:

Date of Birth: _____ **Student ID/SSN:** _____

Type of Transcript Requesting:

☐

Official

Authorized, signed, stamped and
mailed by the school to a school,
agency or organization.

☐

Unofficial

Personal transcript without
authorized signature and stamp.
Can be emailed.

of Copies:

Transcript Sent to:

Attention: _____

School / Organization:

Request Made by: _____

Relationship: _____

Signature: _____

Address:

**Transcripts will not be processed without a signature
& Payment. Allow 2-3 business days for transcripts to
be processed.**

Save and Submit/Email to: IEKHSinfo@vide.vi

For Official Use Only

Receipt #: _____ Date Sent: _____

School Official: _____