

RECORDS REQUEST PERMISSION FORM

Virginia School for the Deaf and the Blind

PO Box 2069

Staunton, VA 24402

540-332-9000

540-332-9005-FAX

Records @vsdb.k12.va.us

I authorize VSDB to release a copy of my high school records as designated below:

- High School Transcript Test Scores (SAT/ACT/AP Scores) Immunizations
- Special Education
- Other Information Requested:_____

Name while attending school: _____
Last/Maiden First Middle

Present Name: _____
Last First Middle

Date of Birth:_____ Social Security Number (Optional):_____

Year Graduated:_____ Year Last Attended:_____

- Records to be picked up at VSDB
- I request that a copy be mailed or faxed directly to me at the following address or fax number:

FAX:_____

I request that a copy by emailed directly to me at: _____

I request that an official copy be mailed or unofficial copy faxed to the following college/business:

FAX:_____

I request that a copy be emailed to the following college/business at:

Signature:_____ Date:_____

Telephone Number:_____