Virginia Beach City Public Schools
VIRGINIA BEACH SCHOOL OF PRACTICAL NURSING
2925 North Landing Road
Virginia Beach, VA 23456
757-648-5889

TRANSCRIPT REQUEST

BOXED AREA TO BE FILLED OUT BY NURSING OFFICE ONLY
Date Received: _____ Received By: _____ Amount Paid: _____

Date Sent: _____ Details: _____

- Processing time of the transcript request/payment is approximately 5 to 7 business days.
- There is a charge of $5.00 by cash or money order only for each copy request. The transcript fee is non-refundable and must be paid before the transcript is processed.
- Failure to provide the necessary information will delay processing of your request.
- Transcripts will not be processed for students who have not satisfied all VBSPN financial obligations.

Current Name_____ Phone ____-____-_____
Last Name First Name Middle Name

Mailing
Address_____
Street City State Zip

Dates of Attendance (As accurate as possible) _____

Are you a VBSPN graduate? _____

Name While Attending _____
Last Name First Name Middle Name

Last 4 of social: xxx-xx- _____

Send Transcript To: _____

_____

_____

_____ _____
Student Signature Date

VIRGINIA BEACH CITY PUBLIC SCHOOLS
CHARTING THE COURSE