

VIRGIN ISLANDS BOARD OF EDUCATION

P.O Box 11900 Dronningens Gade Nos. 60B, 61 & 62 St. Thomas, VI 00801

Telephone No. 340-774-4546 Fax. No. 340-774-3384

Sunny Isles Professional Building Suites #5 & #6 Christiansted, VI 00820

Telephone No. 340-772-4144 Fax No. 340-772-2895

REQUEST FOR DUPLICATE CERTIFICATE
(Print all information in black ink)

PART I. INSTRUCTIONS

1. Complete Part II of this form.
2. Attach money order, cashier’s check, or certified bank check for \$10 (per copy requested); made payable to Virgin Islands Board of Education.
3. Return to the V.I. Board of Education at either of the addresses listed above.

NOTE: CERTAIN INFORMATION ON THIS REQUEST MAY BE SUBJECT TO RELEASE PURSUANT TO THE FREEDOM OF INFORMATION ACT.

PART II. PERSONAL INFORMATION

LAST NAME FIRST NAME MI

OTHER NAMES SOCIAL SECURITY NUMBER

MAILING ADDRESS CITY STATE ZIP CODE

CONTACT: _____
HOME WORK E-MAIL

TYPE OF CERTIFICATE(S) REQUESTED: _____

APPLICANT’S SIGNATURE DATE

Please check here if you are requesting a name change. NOTE: Proof of name change will be required prior to issuance.

FOR OFFICE USE ONLY

Effective Date: ____/____/____

Expiration Date: ____/____/____

Name Change: Yes No

Amount Paid: \$ _____

Number of Copies issued: _____

Date Sent _____/_____/_____

Returned in Mail _____/_____/_____