

FAIRFAX HIGH SCHOOL

3501 Lion Run

Fairfax, VA 22030

PAST GRADUATES/ATTENDEES RECORDS REQUEST FORM

NAME OF STUDENT: _____

YEAR OF GRADUATION/LAST YEAR ATTENDED FHS: _____ Student's Date of Birth _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Records Requested:

___ Official Transcript (\$5.00 each) ___ Immunization Record (\$5.00 each)

___ Unofficial Transcript (\$5.00 each) ___ Letter of Enrollment (\$15.00 each)

Name and Address to Receive Record or Hand Carry

(Transcripts to colleges must be sent from Fairfax High School)

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

Signature: _____ Date: _____

Please send completed form and a copy of your photo ID (driver's license or other federal or state issued ID) to Diane Scibilia, Transcript Assistant at ddscibilia@fcps.edu. You will receive a confirmation email with payment instructions.

Completed By: _____ Date: _____