FAIRFAX HIGH SCHOOL

3501Lion Run

Fairfax, VA 22030

UNDERCLASSMEN (CURRENT STUDENTS) RECORDS REQUEST FORM

NAME OF STUDENT: \_ STUDENT'S GRADE:

STUDENT'S DATE OF BIRTH:

PARENT PHONE NUMBER:

PARENT EMAIL ADDRESS:

Records Requested:

\_\_Official Transcript

\_\_Unofficial Transcript

 \_\_ Immunization Record

 \_\_Letter of Enrollment

NAME ADDRESS

NAME ADDRESS

Name and Address to Receive Record or Hand Carry

Parent Signature: Date: \_

Please send completed form and a copy of the parent 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.

Completed By: Date:\_\_\_\_\_\_\_\_\_\_\_\_