\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Name (print neatly: Last, First, Middle Initial) Student ID #

Student **FCPS** Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request that Fairfax High School release my official records (my child’s official records) to the college(s) listed below. The parent signature is only required once for the initial transcript request. Once this form is on file, students may submit additional requests by submitting page 3 of this document without parent consent. If a student wants to remove a school from their request form, please email Mrs. Scibilia, the Transcript Assistant at ddscibilia@fcps.edu.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

**Please check one:**

𝥁 Yes, I waive my right to review or have copies of any letters of recommendation written by my counselor

𝤿 No, I do not waive my right to review or have copies of any letters of recommendation written by my counselor (colleges will be notified)

**Please Note: Fairfax High School does not send Standardized Test Scores (SAT, ACT, TOEFL) to colleges. You must request them online via College Board (**[**www.collegeboard.com**](http://www.collegeboard.com)**), ACT (**[**www.act.org**](http://www.act.org)**) or TOEFL (**[**https://www.ets.org/toefl**](https://www.ets.org/toefl)**).**

**Check the items below before you email this form to the Transcript Assistant at** **ddscibilia@fcps.edu** **or** **ddscibilia@fcpsschools.net** **(please remember to share your Google Docs). Completed forms can also be dropped off in Room L107, Student Services.**

* Include the [IS-111](https://www.fcps.edu/sites/default/files/media/forms/is111.pdf) form the first time you turn in this form.
* In order to receive a counselor letter of recommendation, students are responsible for completing the counselor questionnaire, which is found in Naviance Student.
* Self-report colleges request that students include high school courses and grades on their application. While they do not require official transcripts, **FHS requires students to submit a transcript request for these self-report colleges to ensure mid-year grades, final transcripts and other requested documents can be sent. Please check the “Self-Reported” box under Application Type.**
* **All emailed requests must be sent from the student’s school email address (@fcpsschools.net)**

***You MUST allow at least 15 school days for processing and mailing transcripts. We cannot guarantee transcript delivery by your deadlines for forms that are submitted late. Please see the due dates for major college deadlines on the following page.***

|  |  |  |  |
| --- | --- | --- | --- |
| **College Deadline:**  | **Transcript Request Due:**  | **College Deadline:**  | **Transcript Request Due:** |
| October 1, 2023 | September 8, 2023 | January 1, 2024 | November 27, 2023 |
| October 15, 2023 | September 21, 2023 | January 2, 2024 | November 27, 2023 |
| November 1, 2023 | October 11, 2023 | January 15, 2024 | December 6, 2023 |
| November 15, 2023 | October 23, 2023 | February 1, 2024 | January 10, 2024 |
| Nov. 30/Dec 1, 2023 | November 3, 2023 | March 1, 2024 | February 9, 2024 |
| December 15, 2023 | November 27, 2023 | March 15, 2024 | February 26, 2024 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Print neatly or type:**Name of College/Scholarship**Admissions Office Address City, State, Zip Code | **College Deadline Date****or****Rolling** | **Application Type**Common App Coalition App College’s App Scholarship | **Counselor Letter of****Rec.****Needed?**If yes, pleasesubmitCounselorQuestion-naire |  **Decision Type**Early Action(EA)Early Decision(ED) Regular/Rolling(R)Other(O) | **Student** **Services** **Use Only**  |
| Date toAsst | SENT |
|
|  | Deadline:\_\_\_\_\_\_\_𝥁Rolling |  𝥁Common 𝥁Coalition 𝥁College’s𝥁Self-Report𝥁Scholarship |  𝥁Yes 𝥁No | 𝥁 EA𝥁 ED𝥁 R𝥁 O |  |  |
|  | Deadline:\_\_\_\_\_\_\_𝥁Rolling | 𝥁Common 𝥁Coalition 𝥁College’s𝥁Self-Report𝥁Scholarship |  𝥁Yes 𝥁No | 𝥁 EA𝥁 ED𝥁 R𝥁 O |  |  |
|  | Deadline:\_\_\_\_\_\_\_𝥁Rolling |  𝥁Common 𝥁Coalition 𝥁College’s𝥁Self-Report𝥁Scholarship |  𝥁Yes 𝥁No | 𝥁 EA𝥁 ED𝥁 R𝥁 O |  |  |

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| --- | --- | --- | --- | --- | --- |
| Print neatly or type:**Name of College/Scholarship**Admissions Office Address City, State, Zip Code | **College Deadline Date****or****Rolling** | **Application Type**Common App Coalition App College’s App Scholarship | **Counselor Letter of****Rec.****Needed?**If yes, pleasesubmitCounselorQuestion-naire |  **Decision Type**Early Action(EA)Early Decision(ED) Regular/Rolling(R)Other(O) | **Student** **Services** **Use Only**  |
| Date toAsst | SENT |
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|  | Deadline:\_\_\_\_\_\_\_𝥁Rolling |  𝥁Common 𝥁Coalition 𝥁College’s𝥁Self-Report𝥁Scholarship |  𝥁Yes 𝥁No | 𝥁 EA𝥁 ED𝥁 R𝥁 O |  |  |
|  | Deadline:\_\_\_\_\_\_\_𝥁Rolling | 𝥁Common 𝥁Coalition 𝥁College’s𝥁Self-Report𝥁Scholarship |  𝥁Yes 𝥁No | 𝥁 EA𝥁 ED𝥁 R𝥁 O |  |  |
|  | Deadline:\_\_\_\_\_\_\_𝥁Rolling |  𝥁Common 𝥁Coalition 𝥁College’s𝥁Self-Report𝥁Scholarship |  𝥁Yes 𝥁No | 𝥁 EA𝥁 ED𝥁 R𝥁 O |  |  |
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|  | Deadline:\_\_\_\_\_\_\_𝥁Rolling |  𝥁Common 𝥁Coalition 𝥁College’s𝥁Self-Report𝥁Scholarship |  𝥁Yes 𝥁No | 𝥁 EA𝥁 ED𝥁 R𝥁 O |  |  |