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

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/guardian 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/guardian consent. If a student wants to remove a school from their request form, please email Ms. McCabe, Transcript Assistant, at [ccmccabe1@fcps.edu](mailto:ccmccabe1@fcps.edu).

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

Student Signature Date

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

Parent/Guardian 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.actstudent.org**](http://www.actstudent.org)**) or TOEFL (**[**https://www.ets.org/toefl**](https://www.ets.org/toefl)**).**

**Check the items below before submitting this form. Once all items are checked, this form can be dropped off in Student Services or emailed to Ms. McCabe at** [**ccmccabe1@fcps.edu**](mailto:ccmccabe1@fcps.edu) **or** [**ccmccabe1@fcpsschools.net**](mailto:ccmccabe1@fcps.edu) **(please remember to share your Google Doc).**

* 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 Letter of Recommendation Questionnaire](https://docs.google.com/document/d/1J8ZSDow2PvwXXEu7tIFrqMOCdDSuJldOE45mXcxkDB4/copy).
* 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.**
* **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, 2024 | September 10, 2024 | January 1, 2025 | December 2, 2024 |
| October 15, 2024 | September 19, 2024 | January 2, 2025 | December 2, 2024 |
| November 1, 2024 | October 10, 2024 | January 15, 2025 | December 9, 2024 |
| November 15, 2024 | October 21, 2024 | February 1, 2025 | January 9, 2025 |
| Nov. 30/Dec 1, 2024 | October 31, 2024 | March 1, 2025 | February 7, 2025 |
| December 15, 2024 | November 20, 2024 | March 15, 2025 | February 24, 2025 |

| 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, please  submit  Counselor  Question-naire | **Decision Type**  Early Action  (EA)  Early Decision  (ED) Regular/Rolling  (R)  Other  (O) | **Student**  **Services**  **Use Only** | |
| --- | --- | --- | --- | --- | --- | --- |
| Date to  Asst | S  E  N  T |
|
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |

| 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, please  submit  Counselor  Question-naire | **Decision Type**  Early Action  (EA)  Early Decision  (ED) Regular/Rolling  (R)  Other  (O) | **Student**  **Services**  **Use Only** | |
| --- | --- | --- | --- | --- | --- | --- |
| Date to  Asst | S  E  N  T |
|
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |
|  | Deadline:  \_\_\_\_\_\_\_  𝥁Rolling | 𝥁Common  𝥁Coalition  𝥁College’s  𝥁Scholarship | 𝥁Yes  𝥁No | 𝥁 EA  𝥁 ED  𝥁 R  𝥁 O |  |  |