

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](mailto:ddscibilia@fcps.edu). You will receive a confirmation email with payment instructions.

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