

FAIRFAX HIGH SCHOOL
3501 Rebel Run
Fairfax, VA 22030

POST-GRADUATE TRANSCRIPT REQUEST FORM

NAME: _____ PHONE: _____

FHS GRADUATION YEAR: _____ DATE OF BIRTH _____

Fairfax High School holds records for 5 years from date of graduation.
FCPS Records Management holds records older than 5 yrs. (703-329-7666)

If you have graduated in the past 5 years - please complete, sign and return this form, including a fee of \$5.00 per transcript to:

Fairfax High School
ATTN: Transcripts
3501 Rebel Run
Fairfax, VA 22030

Check items requested:

- _____ Official Transcript(s) Number ordered _____
- _____ Immunization records

Addresses to be mailed to: College / Univ. / Tech. School / Personal

NAME _____
ADDRESS _____

NAME _____
ADDRESS _____

NAME _____
ADDRESS _____

A fee of \$5.00 per transcript must be collected in order to process requests.
Make checks payable to Fairfax High School.
Transcripts will be sent out within 2 working days of receipt of written request and payment.

SIGNATURE: _____ DATE: _____

PAID (\$5.00/EA) CK# _____ CASH _____ COLLECTED BY: _____