

FAIRFAX HIGH SCHOOL  
3501 Rebel Run  
Fairfax, VA 22030

Under Graduate RECORDS/TRANSCRIPT REQUEST FORM

NAME OF STUDENT: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Current High School Grade Level: \_\_\_\_\_

Student's DATE OF BIRTH: \_\_\_\_\_

Records requested:

1. Official Transcript\*
2. Unofficial Transcript
3. Test Records
4. Other

\*\$5.00 fee for Official Transcript

Names / Address to receive records / Hand Carried:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

UNDER GRADUATE TRANSCRIPT/ Records Request:

If the student is currently in grades 9, 10 or 11- please complete, sign and return this form to:

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

