

FAIRFAX HIGH SCHOOL

3501 Lion Run

Fairfax, VA 22030

UNDERCLASSMEN (CURRENT STUDENTS) RECORDS REQUEST FORM

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

STUDENT'S GRADE: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

PARENT PHONE NUMBER: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

Records Requested:

Official Transcript

Immunization Record

Letter of Enrollment

Name and Address to Receive Record or Hand Carry

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form and a copy of the parent 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.

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