



STUDENT RECORDS REQUEST

Transcripts, Verification of Enrollment, & Immunizations

Student's Name While Attending School

Last (Maiden)

First

Middle

Date of Birth: _____

Exit Status

Graduated

Withdrew

Last Year Attended

Requesting copies of the following records (check all that apply):

- High School Transcript
- Middle School Transcript
- Immunizations (shot record)
- Elementary School Transcript
- Certificate/Verification of Enrollment

Signature (needed to process request)*

Date

Contact Phone

*When submitting via mail, include a copy of your driver's license (or other government issued ID) to establish your identity. Parent signature required if student is not 18 years old.

I give permission for _____ to pick up my records.
First & Last Name

Send copies requested to the following location(s) (attach an additional sheet for more than two addresses)

FEE: \$5.00 for each copy requested.

Payment may be made in cash or by check or money order payable to McLean High School.
Please submit completed form and payment together.

McLean High School
ATTN: Records Request
1633 Davidson Road
McLean, VA 22101
(703) 714-5722

FCPS USE ONLY:

Date request received: _____

Date request processed: _____

Amount received: _____

____ Cash or Check No: _____