

STUDENT RECORDS REQUEST

Transcripts, Verification of Enrollment, & Immunizations

Student's Name While Attending School

Last (Maiden)		First	Middle
Date of Birth:	Ema	ail Address:	
Status at McLean: Current Student / Grade Level		☐ Graduated or Withdrew	/ Last Year Attended
FCPS Student ID Number (if known)			
Requesting copies of the follow	wing records (ch	eck all that apply):	
] High School Transcript# of c	opies	Certification / Verification	on of Enrollment# of copies
] Middle School Transcript#	of copies	Immunization Record#	# of copies
Signature (needed to proces	s request)*	Date	Contact Phone
2. Mailed or faxed to institut Send copies requested to the f	•		chment (if available): sheet for more than two addresses
Current Students: No Fee fo	er Transcripts. \$5.0	FEES: 00 for each copy of Cert. of E	nrollment and Immunization Records
Forme	er Students and G	raduates: \$5.00 for each cop	
r dyment may be mae	• •	rds Request Payment Link	
Ple		pleted form, ID, and paym	
	FCPS USE ONLY		
McLean High School			E15.475
ATTN: Records Request	Date request re	<u></u>	
1633 Davidson Road	Date request po		
McLean, VA 22101	Cash or Ch		
(703) 714-5722	Casii Ui Cii	ECK NO.	



CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

<u>Instructions for Use</u>: This form is to be used by parents and/or guardians and students aged 18 or older to authorize Fairfax County Public Schools (FCPS) to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once per school year. The student, parent and/or guardian will use a separate form, your school's transcript request form, to identify all schools and organizations to which records may be sent.

CONSENT

By my signature below, I authorize FCPS to release to schools or organizations identified on the student's school transcript request form any school records or other information requested by the school or organization in support of the application. This may include, but is not limited to, transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials.

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the Common Application, Naviance Student, Coalition for College, and other services utilized by FCPS.

I understand that I am authorizing FCPS to send data to the colleges, scholarships, and other organizations listed on my transcript request form, typically via an electronic portal. When submitting my data electronically, FCPS will use the correct portal where the browser displays the padlock icon to indicate that the data is encrypted to the website. I acknowledge I am responsible for understanding the college's or organization's terms and privacy policy of how they will store, retain, and use this data prior to consenting to such release.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, however, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

If an application requires or requests a student's social security number (SSN), FCPS staff members should not enter the SSN on the student's behalf.

enter the SSN on the student's behalf.		
Yes, I waive my right to review or have copies o	of any letters of recommendation	n written by FCPS employees
No, I do not waive my right to review or have co FCPS employees.	opies of any letters of recomme	ndation written by
My signature below confirms that I have read and un-	derstand this consent form.	
Note: Both parent and/or guardian and student are re and/or guardian signature is not required if the student		
Name of Student (Please print)	Student ID	Date
Signature of Student	Signature of Parent and/or G	uardian (If student is under 18)