



Please turn over to sign
Consent form → → →

STUDENT RECORDS REQUEST

Transcripts, Verification of Enrollment, & Immunizations

Student's Name While Attending School

Last (Maiden) First Middle

Date of Birth: _____ Email Address: _____

Status at McLean:

Current Student / Grade Level _____ Graduated or Withdrew / Last Year Attended _____

FCPS Student ID Number (if known) _____

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

- High School Transcript--# of copies _____
- Certification / Verification of Enrollment--# of copies _____
- Middle School Transcript--# of copies _____
- Immunization Record--# of copies _____

Signature (needed to process request)*	Date	Contact Phone

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

Transcripts May Be Either:

- Picked up: I give permission for _____ to pick up my records
First & Last Name
- Mailed or faxed to institutions or directly sent to institutions via Parchment (if available):
Send copies requested to the following location(s) (attach an additional sheet for more than two addresses)

FEES:

Current Students: No Fee for Transcripts, \$5.00 for each copy of Cert. of Enrollment and Immunization Records.

Former Students and Graduates: \$5.00 for each copy of a document.

Payment may be made in cash, by check, or by credit card using the link below or this QR code.

[Records Request Payment Link](#)

Please submit completed form, ID, 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: _____

