



STUDENT RECORDS REQUEST

Transcripts, Verification of Enrollment, & Immunizations

Student's Name While Attending School

Last (Maiden)

First

Middle

Date of Birth: _____

Status:

Current Student/Grade____ Graduated Withdrew

Last Year Attended _____

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

- High School Transcript--# of copies _____
- Elementary School Transcript--# of copies _____
- Middle School Transcript--# of copies _____
- Immunization Record--# of copies _____
- Certificate/Verification of Enrollment--# 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.

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:	_____