



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 _____

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.

Transcripts May Be Either:

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

2. 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)

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, 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: _____