



# 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: \_\_\_\_\_

