



FORMER STUDENT RECORDS REQUEST

Use this form if the student last attended FCPS more than 5 years ago.
 If the student currently attends FCPS, or attended FCPS within the past 5 years, contact the last school attended.

Student's Name While Attending School

Last (Maiden)
First
Middle

Date of Birth _____

Month
Day
Year

Exit Status
 Graduated
 Withdrew

Last Fairfax County Public School Attended
Last Year Attended

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

- High School
 Middle School
 Elementary School
 Immunization (shot record)
 Other (specify) _____

Reason for Request _____

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.

I give permission for _____ to pick up my records.
First and Last Name

Send copies requested to the following location(s) (attach an additional sheet for more than two addresses)

1. _____

2. _____

FCPS USE ONLY

Reference Number _____

Name _____

Fee Received _____ Amount _____

Request Received _____

Records Sent/Walk-in _____

Fee: \$5.00 for each copy requested

(Payment may be made in cash or by check or money order payable to Fairfax County Public Schools)

Fairfax County Public Schools
 Attention: Registrar
 3701 Franconia Road
 Alexandria, VA 22310

(703) 329-7741 Phone (703) 329-8594 Fax