



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 _____

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