



FORMER STUDENT RECORDS REQUEST

Use this form to request records from school if student has attended FCPS within the last 5 years. If longer than last 5 years, contact the records department.

<https://www.fcps.edu/resources/college-and-career-planning/transcripts-and-records>

Student's Name While Attending School

Last (Maiden)

First

Middle

Date of Birth _____
Month Day Year

Last Year Attended _____

Exit Status

Graduated

Withdrew

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

IEP 504 Transcript Immunization record

Other (specify) _____

Reason for Request _____

E-mail Address _____

Signature _____ Date _____ Phone number _____

*Signature needed to process request**

*When submitting via mail or e-mail, include a copy of your driver's license or other government issued ID to establish your identity (Identification must be unexpired)

For pickup:

I give permission for _____ to pick up my records.

AND/OR

Send copies requested to the following location(s):

1. Name: _____

Mailing Address: _____

2. Name: _____

Mailing Address: _____

Fee: \$5.00 for each copy requested

Additional charges may apply if you are requesting more than one page documents. Contact for more information.

fewalker@fcps.edu and/or kakrug@fcps.edu

OFFICE USE ONLY	
Receipt number	_____
Name	_____
Fee Received	_____ Amount _____
Request Received	_____
Records Sent/Picked up	_____