



Past Student/Graduate Transcript Request

James W. Robinson, Jr. Secondary School

Use this form to request a transcript if you attended Robinson **within the last 5 years**. Form **MUST** be signed even if submitting electronically and a picture of photo ID must be enclosed for identification purposes. Transcripts can only be requested by the named former student if 18 years or older.

****\$5.00 FEE PER TRANSCRIPT****

Name: _____ Student ID: _____ Year Graduated/Withdrawn: _____

Email Address: _____ Phone number: _____

CONSENT FOR RELEASE OF STUDENT RECORDS

Instructions for Use: This form is to be used by parents and/or guardians or students aged 18 or older to authorize FCPS to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once.

By my signature below, I authorize FCPS to release to schools or organizations identified on the student's school transcript request form any school records or other information requested by the school or organization in support of my application.

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the Common Application, Naviance Student, Coalition for College, and other services utilized by FCPS.

I understand that I am authorizing FCPS to send data to the colleges, scholarships and other organizations listed on my transcript request form, typically via an electronic portal. When submitting my data electronically, FCPS will use the correct portal where the browser displays the padlock icon to indicate that the data is encrypted to the website. I acknowledge I am responsible for understanding the college's or organization's terms and privacy policy of how they will store, retain and use this prior to consenting to such release.

My signature below confirms that I have read and understand this consent.

Signature: _____

Date: _____

COLLEGE/UNIVERSITY /PERSON TO RECEIVE RECORDS

1 . Name: _____

Mailing Address: _____

2 . Name: _____

Mailing Address: _____

3 . Name: _____

Mailing Address: _____

4 . Name: _____

Mailing Address: _____

**** \$5.00 FEE PER TRANSCRIPT****

When submitting via mail or email, include a copy of your driver's license or other government issued ID to establish your identity (identification must be unexpired).

OFFICE USE ONLY:

Date Received: _____

Date Sent: _____