

## Student Records Request Form Currently Enrolled Students

Not for use by seniors applying to college.

Student's Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade: \_\_\_\_\_ Student ID \_\_\_\_\_

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

Transcript  Immunization  Other (specify) \_\_\_\_\_

Reason for Request \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**DATE** \_\_\_\_\_ **Phone** \_\_\_\_\_

Send copies requested to the following location:

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FEE: \$5.00 for each copy requested, up to 5 pages.

Payment should be made through MySchoolBucks. Exact cash or check (payable to Herndon High) can accompany a hard copy of this form.

Mail to: Herndon High, Transcript Office, 700 Bennett Street, Herndon, VA 20170