
Former Student Records Request Graduation Years 2017– 2021

Student's Name While Attending School:

Last _____ First _____ Middle _____

Date of Birth: Month _____ Day _____ Year _____ FCPS ID, if known _____

Exit Status: _____ Graduated _____ Withdrew _____ Year _____

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

___ Transcript ___ Immunization

___ Diploma Replacement \$35.00 allow 6-8 weeks

Reason for Request _____

Signature _____ **Date** _____

Phone (_____) _____ **Email** _____

Choose ONE form of delivery:

_____ Pick up from HHS Student Services.

I give _____ permission to pick up my records.

OR

_____ Mail copies to: CNU GMU JMU UMW ODU UVA VCU VT WM

(If not listed above please provide name and address)

Name of business or school: _____

Address: _____

City: _____

State: _____

Zip: _____

Fee: \$5.00 for each copy requested. All documents are processed as "official" transcripts. Payment made via MySchoolBucks or in CASH or by CHECK (made payable to Herndon High School) Mail to: Herndon High School Student Services, 700 Bennett Street, Herndon, VA 20170 Attn: Transcript Office

For office use only...do not write below line

Date received _____ **Date request picked up/mailed** _____ **Initials** _____ **Fee** _____