

## Student Records Request Form Currently Enrolled Students

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:

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City State Zip** \_\_\_\_\_

Mail/bring form to: Herndon High, Attn: Student Services, 700 Bennett Street,  
Herndon, VA 20170.

Allow two weeks processing time.