

STUART HS STUDENT RECORDS REQUEST

Use this form for students who currently attend Stuart HS or last attended Stuart HS within the past 5 years.

Student's Name While Attending School:		
_____	_____	_____
Last (Maiden)	First	Middle

_____	_____	<u>Exit Status</u>
Date of Birth (MM/DD/YY)	Last School Year Attended	_____ Graduated
		_____ Withdrew

Requesting copies of the following records:

_____ High School Transcript	_____ Elementary School Transcript
_____ Middle School Transcript	_____ Verification of Enrollment
_____ Immunizations (shot record)	_____ Other: _____

Reason for request: _____

_____	_____	_____
Signature (needed to process request)*	Date	Phone

**When submitting via email or mail, include a copy of your driver's license (or other government issued ID) to establish your identity. Parent signature required if student is not 18 years old.*

I give permission for _____ to pick up my records.
First and Last Name

Send copies requested to the following location(s). Attach additional sheet for more than two addresses.

1. _____	2. _____
_____	_____
_____	_____
_____	_____

FEE: \$5.00 for each copy requested. Payment may be made in cash or by check or money order payable to Stuart HS. Please submit payment along with completed form. Processing may take up to two business days.

Stuart HS Attn: Registrar 3301 Peace Valley Lane Falls Church, VA 22044 703-824-3922	FCPS Use Only	
	Date request received:	
	Date request processed:	
	Amount received:	
	Cash or Check No:	