Date completed/mailed:

Please print all information		
Student's Name: Date:		Date:
Phone:		
Email:		
Current Grade or Last Year Atter	nded/Graduated:	
I am requesting the following and	I have included a copy of my pho	to ID:
☐ Unofficial Transcript (no fee) ☐ Official Transcript (signed/stam - no fee for curre - \$5.00 for forme ☐ With schedule, w/o curr ☐ With current quarter gra ☐ Final transcript (Year G	nt students r students ent grades ades	
☐ Immunization Records (\$5.00 f) ☐ Letter of Enrollment (includes tr) ☐ Withdrawal Packet/Apply to an ☐ Replacement Diploma (includes	anscript - \$15.00 fee) other school (no fee)	
	ears) should upload payment to	nyschoolbucks.com account. the guest portal of myschoolbucks.com; a eyhs.fcps.edu/student-services/transcript-
All records for former students pri	or to 2018-2019 must be obtained	d through FCPS at:
https://www.fcps.edu/resources/colle	ege-and-career-planning/transcripts-	and-records
Documents to be sent to:		
Name of Institution/Recipient:		
Address (US Mail or Email)		
Signature:		
<u>Graduated students</u> All record red	s are no longer able to pick up l juests must be completed by n	records on a "walk in" basis. nail or by appointment.
	ns, please contact Laura Skeen,	Transcript Asst., at <u>lsskeen@fcps.edu</u> or