CHANTILLY HIGH SCHOOL POST-GRADUATE TRANSCRIPT REQUEST Form is for 2019-2023 Graduates Only

Only post-graduate student may request their transcripts. Due to federal regulations (FERPA), parents and other family members are no longer permitted to make transcript request on behalf of a former student. Payments of \$5 per transcript should be paid through MySchoolBucks using the guest link. Request will not be processed without payment. Please allow two weeks for processing. <u>Please email</u> completed form to Lori Marsengill: lwmarsengill@fcps.edu

FCPS Records Management hold records older than 5 years. Contact 703-329-7741 or order online at FCPS.edu – type the word transcript in the search bar.

Last Name	First Name		
Year Graduated:	Date of Birth:	Phone:	
Trans	cript Delivery Option:Emai	ilMailPick Up	
Please indicate the purp	ose of the official transcript:		
Applying to College,	[/] University		
Applying to Trade p	rogram/Apprenticeship		
Military			
Employer			
Other/Reason:			

For Email/Mail Only: Please include either the mailing address or email for each educational institution you are applying too in the space below:

Institution Name	Mailing Address or Email	

For Pick up Only: Please indicate below who will be picking up the transcript. You or a family member may pick up the transcript from the Student Service Office.

____ Self

____ Someone else other than me is picking up the form. Name of that person:_____

Signature:		Date:
FOR OFFICE USE ONLY		
Date Received	Payment Received:	Date Mailed/Distributed: