

**CHANTILLY HIGH SCHOOL POST-GRADUATE TRANSCRIPT REQUEST  
(2021-2022)**

Name \_\_\_\_\_  
(Last) (First)

Year Graduated: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form is for 2017-2021 graduates only.**

**FCPS Records Management holds records older than 5 years. Contact 703-329-7666 or order online at FCPS.edu, type the word transcript in the search bar.**

There is a **\$5 fee for each transcript** requested. Transcript requests will **not** be processed without payment. **Please allow two weeks for processing.**

**Transcript Delivery Options:** (choose one) \_\_\_\_\_ mail \_\_\_\_\_ pick up

**By Mail :** The transcript may be mailed to the educational institution of your choice. Please include the **complete address**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pick Up:** You or a family member may pick the transcript up from the Student Services Office. Please use the line below to state the **name of the person picking up**.

\_\_\_\_\_

Please indicate the **purpose** for an official transcript on the line below.

\_\_\_\_\_

**\*Only post-graduate students may request their transcripts.**  
**Due to federal regulations (FERPA,) parents and other family members are no longer permitted to make transcript requests on behalf of a former student. Payment of \$5 per transcript should be paid through MySchoolBucks using the guest link.**

**Requestor Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Date Received: Payment Received: \_\_\_ Date Mailed/Distributed \_\_\_\_\_