

TJHSST FORMER STUDENT RECORDS REQUEST

Graduation Year/Last Year Attended _____ (If more than 5 years ago, visit the [FCPS Transcripts and Records web page](#))

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Student ID#: _____

Request Date	Due Date <small>*allow 10 school days to process</small>	Send copies requested to the following location(s) : (attach an additional sheet for more than two addresses)	Fee (\$5)	Date transcript processed	Date mailed
		Name Address City State Zip			
		Name Address City State Zip			

Signature*: _____ Date: _____ Contact e-mail: _____

*We cannot process the request without a signature. When submitting via mail, include a copy of your driver's license (or other government issued ID) to establish your identity.

*I give permission for _____ to pick up my records with valid ID.
First and Last Name*

Fee: \$5.00 for each copy requested
(Payment may be made in cash or check payable to TJHSST)

Send to: TJHSST
Attn: Transcript Office
6560 Braddock Rd.
Alexandria, VA 22312
(703) 750-8300

Per FCPS policy and the Family Educational Rights and Privacy Act (FERPA) student records are only available to those who have authorization from the student or parent, guardian or responsible person if the student is under 18 years of age. **If the student is 18 years of age or older, school records will not be released to a parent, guardian, or responsible person without the student's written consent.**