

JUSTICE HS STUDENT RECORDS REQUEST

This form is for students who attended Justice HS within the last FIVE (5) years.

Student's Information While Attending Justice High School:

Last (Maiden)

First

Middle

Date of Birth (MM/DD/YY)

Student ID

Enrollment Status (check one):

- Graduated – Month/Year of Graduation: _____
- Dropped Out – Month/Year of Withdrawal Date: _____
- Transferred – Month/Year of Transferal Date: _____

Requesting copies of the following records (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> High School Transcript (\$5.00)
<input type="checkbox"/> Section 504 Plan (\$5.00)
<input type="checkbox"/> Section 504 Plan Eligibility Documentation (\$5.00)
<input type="checkbox"/> Health Immunization Records (\$15.00) | <input type="checkbox"/> Verification of Enrollment Letter (\$15.00)
<input type="checkbox"/> Verification of Graduation Letter (\$15.00)
<input type="checkbox"/> Replacement Diploma (\$25.00) |
|--|--|

***For IEP Records Requests, please email Ms. Elizabeth Marino – eemarino@fcps.edu*

Delivery of Requested Records (check one):

Note: If you are requesting documents to be emailed, faxed, or mailed, you are required to submit a photo of your driver's license (or other government issued photo ID). Please email photo to Ms. Catharine Bond, Transcript Assistant, at cabond1@fcps.edu.

- Pickup by Self (Office Hours 8:30am-3:30pm)
- Pickup by Representative (Office Hours 8:30am-3:30pm)
- *We can only release records to a family member. Person must provide a Photo ID upon arrival.
- Relationship (check one): Parent/Guardian Sibling/Cousin Grandparent Aunt/Uncle
- Name of Representative: _____

Email: _____

Fax: _____

Domestic Mail – *We do not mail Internationally*

Name or Business: _____

Attn (if applicable): _____

Street Address: _____

City, State, Zip Code: _____

Payment (check one):

- Cash – Payable upon pick up only by Self or Representative
- MySchoolBucks (credit card)



Student Signature (required)

Date

Cell Phone Number

Personal Email Address

Processing requests may take up to three (3) business days

School Use Only	
Date Request Received:	_____
Date Request Processed:	_____
Total Amount of Request:	\$ _____
Payment (circle one):	Cash MySchoolBucks
Receipt Number or ID:	_____
Staff Member Name:	_____