

## 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)<br><input type="checkbox"/> Section 504 Plan (\$5.00)<br><input type="checkbox"/> Section 504 Plan Eligibility Documentation (\$5.00)<br><input type="checkbox"/> Health Immunization Records (\$15.00) | <input type="checkbox"/> Verification of Enrollment Letter (\$15.00)<br><input type="checkbox"/> Verification of Graduation Letter (\$15.00)<br><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](mailto: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)  
Click here



\_\_\_\_\_

**Student Signature (required)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Cell Phone Number**

\_\_\_\_\_

**Personal Email Address**

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

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