

# JUSTICE HS STUDENT RECORDS REQUEST

Use this form for students who currently attend Justice HS or last attended Justice HS within the past 5 years.

Student's Name While Attending School:		
_____	_____	_____
Last (Maiden)	First	Middle

_____	_____	<u>Exit Status</u>
Date of Birth (MM/DD/YY)	Last School Year Attended	___ Graduated/___ year
___ Current student	___ Current grade level	___ Withdrew/___ year
ID# _____		___ Former student
___ Current school year		

Requesting copies of the following records:

___ High School Transcript	___ Immunizations (shot record)
___ Middle School Transcript	___ Verification of Enrollment
___ Elementary School Transcript	___ Other: _____

Reason for request: \_\_\_\_\_

_____	_____	_____
Signature (needed to process request)*	Date	Phone

*\*When submitting via email or mail, include a copy of your driver's license (or other government issued ID) to establish your identity. Parent signature required if student is not 18 years old.*

I give permission for \_\_\_\_\_ to pick up my records.

First and Last Name

Send copies requested to the following location(s). Attach additional sheet for more than two addresses.

1. _____	2. _____
_____	_____
_____	_____

**FEE: \$5.00 for each copy requested.** Payment may be made in cash or by check or money order payable to Justice HS. Please submit payment along with completed form. Processing may take up to two business days.

Justice HS Attn: Registrar 3301 Peace Valley Lane Falls Church, VA 22044 703-824-3922	<b>FCPS Use Only</b>	
	Date request received:	_____
	Date request processed:	_____
	Amount received:	_____
	Cash or Check No:	_____