

Falls Church High School

ALUMNI TRANSCRIPT RELEASE FORM

Student Name: _____ School Counselor: _____
(Last) (First) (Middle)

Student ID: _____ Date of Birth: _____ Email address: _____ Phone: _____

Date Graduated: _____

I hereby request that Fairfax County Public Schools release the academic transcript for the above student to the following institutions, persons, or agencies.

- **Falls Church HS Alumni: All official transcripts are each \$5.00.** Please allow 15 school days for processing.
- **MAKE CHECKS PAYABLE TO Falls Church High School.**
- **Alumni: If you graduated more than five years ago, please follow this link to archives for directions and transcript request form:**
- <https://www.fcps.edu/resources/college-and-career-planning/transcripts-and-records>

School/Person/Agency	Address	Date Received	College Due Date	Date Released Office Use

REMINDERS:

- **ALL REQUIRED FORMS/ENVELOPES ARE DUE A MINIMUM OF 15 SCHOOL DAYS BEFORE APPLICATION DEADLINE.**
- **REPORTING TEST SCORES IS THE STUDENT’S RESPONSIBILITY** (students request directly from the College Board or ACT).
- **Any disclosure of special educational status, medical situations, family situations, etc. must be made by a parent/guardian, rather than the school.**

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you matriculate UNLESS at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. You waive your right to access below, regardless of the institution to which it is sent:

- Yes, I do waive my right to access, and I understand I will never see this recommendation.
- No, I do not waive my right to access and may someday choose to review this recommendation if the institution (college/university) at which I enroll saves it after I matriculate.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (18 or over): _____ Date: _____