

FORMER STUDENT TRANSCRIPT REQUEST FORM

Student's **Legal Name** While Attending West Springfield High School:

(Last, First, MI) _____

Date of Birth (MM/DD/YY) _____ Last Year Attended _____

Graduated or Withdrew? _____ FCPS Student ID: _____

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

High School Middle School Elementary School Immunization record

Reason for Request _____

I authorize WSHS to release and the requested records to the following:

1. _____

3. _____

2. _____

4. _____

Signature (Needed to Process Request)

Date

Phone Number/ Email Address

There is a \$5.00 fee for each record requested.

- Payment preferred online through [MySchoolBucks](#).
- Payment may also be made in cash, check or money order payable to West Springfield High School.

Email completed form and copy of valid government ID to: WSStudentServices@fcps.edu or US Mail to WSHS. Student must provide written consent for another person to collect the record.

For Office Use Only

Fee received: \$ _____

Processed by: _____

Completion date: _____