West Springfield High School
Student Services
6100 Rolling Road
Springfield, VA 22152

PAST STUDENT TRANSCRIPT REQUEST FORM

Please fill out the form and digitally sign it and submit using the submit button or print and sign and email it to mybraxton@fcps.edu

Student's Name While Attending West Springfield High School:

(Last, First, MI) _____

Date of Birth (MM/DD/YYY) _____Last Year Attended _____

Graduated or Withdrew? _____

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

___ High School ___ Middle School ___ Elementary School ___ Immunization (shot record)

Reason for Request _____

I authorize WSHS to release and mail an official copy of my high school transcript to the following:

1. _____
   _____
   _____
   _____

2. _____
   _____
   _____
   _____

3. _____
   _____
   _____
   _____

4. _____
   _____
   _____
   _____

_____ _____

Electronic Signature or Print and Sign Date Phone Number or Email Address

Pay using the MySchoolBucks link on this page: https://westspringfieldhs.fcps.edu/student-services/transcript-requests

Submit

-- **For Office Use Only**

Total collected: $_____
By: _____
Mailed: _____