

TRANSCRIPT REQUEST FORM—FORMER STUDENTS

John R. Lewis High School
Student Services – Attn: Diane Wink
6540 Franconia Road
Springfield VA 22150

There is a **\$5.00*** fee for each transcript requested after leaving high school.

We accept cash, checks, or money orders. Please make checks payable to Lewis H.S.

**Minimum charge—up to and including the sixth page (one side) for duplication: \$5;*

Additional pages: 20 cents per side. Postage: charged as appropriate.

If mailing or emailing this request, please attach a copy of your ID and someone must come in to pay the fee before requests will be sent.

****Hand deliver or mail requests to the above address. ****

Signature for Release of Records

Date

CHECK ONE

___ **GRADUATE**

___ **WITHDRAWN**

YEAR _____

(Records are kept at the school for 5 years)

PRINT NAME _____

(If married, please give maiden name)

PHONE NUMBER _____

HOME ADDRESS _____

DATE OF BIRTH _____


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

High School

Middle School

Elementary School

Reason for the Request _____

 (Please note if this is needed for the DMV, or the Deferred Action for Childhood Arrivals -**DACA**)

Send Transcript(s) to:

1 _____ **2** _____

I give permission for _____ to pick up my records.

(First and last name, ID will be checked)

If the student is over the age of 18, parents need the student's written permission to order official transcripts and/or obtain copies of official or unofficial records.

FOR SCHOOL USE ONLY

Date Request Received _____

Fee Paid _____ Cash _____ Check # _____

Date Transcript Sent/Picked Up _____