

Fayette County Public Schools
Student Records Request Form

Date of Request

Student's name (Legal name at the time of graduation/withdrawal)

School Attended _____

Graduation Year _____

Withdrawal Year _____

There is a \$5.00 per item processing fee that must be paid at the time of request

Items Requested (check all that apply)	Number of each item
Transcript	
Test Scores	
Other	

Student's Signature _____

Student's phone number _____

Drivers License #/State _____

Circle one: Hand carried or Mail Transcript

If FCPS is mailing your request please print the complete name of the School/Company and the complete address (street, city, state, zip code)
