



SOUTH LAKES HIGH SCHOOL
11400 South Lakes Drive
Reston, Virginia 20191
Phone: 703-715-4500
FAX: 703-715-4597

REQUEST FOR PERSONAL STUDENT RECORDS

Records available for current students and the Class of 2016 -2020

Student Name (print): _____

Student Date of Birth: _____

Person Requesting & Relationship: _____,

Contact Phone Number & Email: _____,

Current Grade level/Last Year Attended/Graduation Year: _____

Record Requested: Immunizations*
 IEP
 Eligibility
 Enrollment Letter (Transcripts yes **OR** no)
 (Elementary Middle High School)
 Other (be specific) _____

Minimum charge – \$5.00

Duplicating: First 6 pages, one side, \$5.00
 Multiple pages \$0.20 per side (FCPS; Regulation Notice 2701)
 You will be notified of the amount due upon completion of the request

*Please note that immunization records are only as current as the documentation the school has received.
A complete and up to date record should be obtained from your physician’s office.

Parent Signature or Graduate Signature

Date Request Received