



South Lakes High School

11400 South Lakes Drive
Reston, VA 20191
703-715-4500- Main Office
703-715-4597 - Fax

South Lakes HS Post-Graduate Transcript Request This form is for students who attended from 2015-2019 only

Name: _____
(Last name) (First Name)

Year of Graduation/Last Attended: _____ DOB: _____ FCPS ID: _____

Phone: _____ Email: _____

**There is a \$5.00 fee for each transcript – requests will not be processed without payment
Please allow 2 weeks for processing**

Transcript Delivery Options: 1. Direct Mailing from SLHS to College/Recipient OR 2. Pick Up

Please select the option and complete:

- Name of Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____

**** Please use the back of this form to list any additional schools/recipients****

- Name of individual picking up record: _____
Please note – Some colleges/universities may not accept a hand-carried transcript

The Family Educational Rights and Privacy Act (FERPA) is the federal law that protects the privacy of student educational records. FERPA rights transfer from the parents/guardians to the student once the student turns 18 years old or enters a postsecondary institution.

If the eligible student requests a sealed transcript for pick up, s/he must arrange for payment and provide the name of the individual picking up the record. Valid ID is required for pick up.

Requestor Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Payment Received: _____ Date Transcript Mailed/Distributed: _____