

## South Lakes High School

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

## South Lakes HS Former Student Transcript Request This form is for students who attended from 2016-2020 only

Name	:					
	(Last name)		(First Name	e)		
Year o	of Graduation/Last Atte	nded:	DOB:	FCPS ID:		
Phone	e:	Email: _				
				ps.edu/student-services/transcripts se allow 2 weeks for processing		
<u> </u>			om SLHS to C	SLHS to College/Recipient  n SLHS to College/Recipient  rom SLHS main office (not available fall 2020)		
Pleas	e select the option and	complete (select one	e option; subm	nit one form per recipient):		
	Name of Institution/Recipient:					
	Address:					
	City:		State:	Zip Code:		
	Name of Institution/Recipient:					
	Email address of Inst	tution/Recipient:				
	3. Name of individual	picking up record: _	_Not a	vailable fall 2020		
stude		FERPA rights transf	er from the pa	federal law that protects the privacy of rents/guardians to the student once the		
	· .	•	1 1 1	he must arrange for payment and D is required for pick up.		
Reque	estor Signature:			Date:		
•		FOR OFF	 ICE USE ONL	 Y		
Paym	ent Received:	Date Tr	anscript Maile	ed/Distributed:		