



Office of Career and Technical Education
INSTRUCTIONAL SERVICES DEPARTMENT

**FAIRFAX COUNTY
PUBLIC SCHOOLS**

Alan E. Leis Instructional Center
Fairfax County School of Practical Nursing
7423 Camp Alger Avenue, Room 6A
Falls Church, Virginia 22042
703-208-7748

Official Transcript Request Form

Please complete this form and mail it to the above address or fax it to Fax Number: 703-280-1348.

Please print clearly. This is not an electronic form.

Please fill out one request form for each address to which you want your transcript to be sent.

All requests must have a legible copy of your photo identification – valid government issued ID such as driver's license or passport.

Please allow 5 business days, once received in our office, for your request to be processed.

For student records prior to Class of 2000 – please contact the Office of Document Management, Department of Information Technology at 703-329-7666.

Name While Attending Program:

First Name _____ Last Name _____

Current Address:

Street # and Street Name _____

City, State and Zip Code _____

Cell Phone Number _____ Home Phone Number _____

Work Phone Number _____ E-mail Address _____

Last Year Attended Program _____ Social Security Number _____

I authorize Fairfax County School of Practical Nursing (FCSPN) to release my transcript to the following address:

Name _____

Address _____

Signature _____ Date _____

Number of official transcript copies to be sent to the above address _____

If preferred, official transcript copies may be picked up at the FCSPN Office. Check here for pick up _____

Web Site: www.fcps.edu/DIS/OCTE/hms/index.htm