FAIRFAX COUNTY PUBLIC SCHOOLS
STUDENT RECORDS REQUEST
FROM FEDERAL/STATE INVESTIGATORS
OR MILITARY RECRUITERS

PLEASE FURNISH RECORDS FOR THE INDIVIDUAL UNDER INVESTIGATION PER ATTACHED RELEASE

NAME _____ _____ _____
Last (Maiden) First Middle

DATE OF BIRTH: ____ / ____ / ____
Month Day Year

LAST FCPS SCHOOL ATTENDED: _____

YEAR: _____
LAST YEAR ATTENDED IN FCPS

☐ **WITHDRAWAL**

☐ **GRADUATION**

This form should be used by investigators or recruiters only. The top portion pertains to the student that is being investigated. A release should accompany this request.

_____
INVESTIGATOR / RECRUITER

_____
AGENCY

_____
TELEPHONE

FCPS USE ONLY

_____
REFERENCE NUMBER

_____
STUDENT NAME

_____ _____
RECORDED BY **DATE**

FAIRFAX COUNTY PUBLIC SCHOOLS
RECORDS CENTER
3701 FRANCONIA RD
ALEXANDRIA, VA 22310
(703) 329-7741 PHONE (703) 329-8594 FAX