



# REQUEST FOR STUDENT RECORDS

To: Name of School Last Attended \_\_\_\_\_

Address of School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Name: Last	First	Middle	Date of Birth

Please forward all records for the above student to include, but not limited to, academic, discipline, health, legal, test, and special services. Also, include marks interpretation, special clinical or diagnostic studies, and any other information that may be helpful.

To: Name of FCPS \_\_\_\_\_ West Springfield Elementary

Address of FCPS \_\_\_\_\_ 6802 Deland Drive

\_\_\_\_\_ Springfield, VA 22152

\_\_\_\_\_ Tel.: 703-912-4400

\_\_\_\_\_ Fax: 703-912-4497

\_\_\_\_\_ Parent/Guardian or School Official Signature \_\_\_\_\_ Date

Parental permission is not required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 18, page 24673).

*Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.*