

TRANSCRIPT REQUEST FORM—PAST GRADUATES

MOUNT VERNON HIGH SCHOOL
Attn: Ms. O'Hara
8515 Old Mount Vernon Road
Alexandria VA 22309

There is a **\$5.00*** fee for each official transcript requested after leaving Mount Vernon.
Payable by cash, checks, money orders or at www.myschoolbucks.com. Make checks payable to MVHS. If mailing or emailing at Pluhara@fcps.edu this request, please attach a copy of your ID and someone must come in to pay the fee before requests will be sent.

Signature for Release of Records

Date

CHECK ONE **GRADUATE** **WITHDRAWN** **YEAR** _____
(Records are kept at the school for 5 years)

PRINT NAME _____
(If married, please give maiden name)

PHONE NUMBER _____

HOME ADDRESS _____

DATE OF BIRTH _____

Send Transcript(s) to:

1 _____

2 _____

I give permission for _____ **to pick up my records.**
(First and last name, ID will be checked)

If the student is over the age of 18, parents need the student's written permission to order official transcripts.

FOR SCHOOL USE ONLY

Date Request Received _____
Fee Paid _____ Cash _____ Check # _____
Date Transcript Sent/Picked Up _____