



## Arlington Public Schools Educational Record Request

Please check the box of the record you are requesting:

- Elementary School Transcript  
 Middle School Transcript  
 Immunization/Health Records

\*\*\*If requesting a high school transcript, enrollment verification, graduation verification, GED, replacement diploma, or special education documents please visit our district website: <https://www.apsva.us/student-services/student-recordstranscripts/> for additional information.

**Student name while attending an Arlington Public School:**

Last (Maiden) Name:

First Name:

Middle Name:

**Date of Birth (MM/DD/YYYY):**

**Last Arlington Public School attended:**

**Last year in attendance:**

Graduated

Withdrew

**Did you participate in the Adult Education Program in APS?**

Yes

No

**Third-Party Pickup (if applicable):**

I authorize the person named as third-party, to pick up my records. (The designee above must present a valid ID)

**Student Signature (cannot be typed): \_\_\_\_\_ Date:**

Please type a phone number and email address at which you may be reached.

Phone #:

Email Address:

**Fee: \$4.00 per transcript request**

Please pay with Cash, Money Order, or Certified Check made payable to: Arlington Public Schools

**Walk-in or Send this form along with a photocopy of your government issued photo ID and any fees to this address:**

Arlington Public Schools  
Attn: Records Clerk  
2110 Washington Blvd.  
Arlington, VA 22204

**Records Office Contact Information**

**Phone:** 703-228-6180 or 703-228-6062

**Fax:** 703-228-2433