



Arlington Public Schools Educational Record Request

Please check the box of the record you are requesting:

- Elementary 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 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