

2110 WashingtonBoulevardArlington, Virginia 22204

Arlington Public Schools Educational Record Request

Please check the box of the record you are requesting:		
☐ ElementarySchoolTranscript ☐Immunization/Health Records		
**If requesting a high school transcipt, enrollment verification, graduation verification, GED replacement diploma, or special education documents ease visit our district website https://www.apsva.us/student-services/student-recordstranscripts for additional information.		
Student rame while attending an Arlington Public School: Last (Maiden) Name: First Name: Middle Name:		
Date of Birth(MM/DD/YYYY):		
ast Arlington Public School attended:		
_ast 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 nameas third-party, to pick up my records(The designee above must present scalid ID)		
Student Signature (cannot bteyped):	Date:	
Please type a phone numb e ndemail address at which you may be reached. Phone #: Email Address:		
Fee:\$4.00per transcrip Please pawith MoneyOrderor Certified Check ma	•	PublicSchools
Walk-in or Sendthis form along with a photocopyof your government address: Arlington Public Sc Attn: Records C 2110 Washington	hools lerk Blvd.	D andany fees to this

RecordsOffice Contact Information
Phone 703-228-6180 or 703-228-6062 Fax 703-228-2433