

RECORDS REQUEST FORM
PLEASE PRINT CLEARLY

Full name of student _____
(used while enrolled in school)

Current name of student _____

School last attended _____
(in Alexandria City School System – if less than 2 years ago, please contact the last school attended.)

Year last attended _____ Graduated: Yes _____ No _____

Date of Birth _____

What do you need your records for? _____
(Examples: School, employment, birth certificate correction, photo ID, proof of enrollment, Immunizations)

Instructions (select all that apply):

_____ Email the records to _____

_____ Mail the records to _____

_____ _____

_____ Fax the records to _____

Please include a copy of your photo ID or passport when requesting your records.

Requests generally take 2-5 days to process.

Signature _____

Email address _____

Contact Phone Number _____

Today's Date _____