LAKE BRADDOCK RECORDS REQUEST

Student's Name While Attending School

_____ _____ _____
Last Name (maiden) **First** **Middle**

Date of Birth _____ ☐ Current Student _____ ☐ Graduated _____ ☐ Withdrew _____
MM/DD/YY Grade Year Year

Requesting copies of the following (check all that apply):
☐ High School Transcript ☐ Immunization (shot record) ☐ Most Recent IEP

Reason for Request _____

I give permission for _____ to pick up my records if not being mailed.

X _____ _____ _____
Signature Required (Parent signature if not 18) Email Address Phone Number

When submitting via mail, include a copy of your driver's license (or other government issued ID) to establish your identity.

Send transcripts to the following address(es) if not picking up. If requesting a transcript for a college, include the full admissions address.

1. _____
_____
_____
_____

2. _____
_____
_____
_____

3. _____
_____
_____
_____

4. _____
_____
_____
_____

Fee: $5.00 for each copy requested
(Payment may be made in cash or by check/money order payable to Lake Braddock Secondary School)

Lake Braddock Secondary School
Attention: Transcripts
9200 Burke Lake Road
Burke, VA 22015

LBSS INTERNAL USE ONLY

Fee Received: _____ Cash _____ Check/Money Order #

Completed By: _____ Records Sent: _____