P.O. Box 21069 Columbia, SC 29221-1069



djj.sc.gov

## FORMER STUDENT RECORDS REQUEST FORM

## IN ORDER TO LOCATE THE STUDENT RECORD, PROVIDE THE FOLLOWING INFORMATION: (Required information indicated in bold-face)

Last (Maiden)	First	Middle
Student's Address While Attending	g School	
Student's Current Address/Email A	Address	
Date of Birth	Approximate Date of Last Attend	ance
Reason for Request		
Signature (needed to process req	quest)* Date (	Contact Phone
*When submitting, include a copy establish your identity.	y of your driver's license (or other g	overnment issued ID) to
*When submitting, include a copy establish your identity.	y of your driver's license (or other g	overnment issued ID) to
*When submitting, include a copy establish your identity.  Please send the records via: US	y of your driver's license (or other g  S Mail (Current address)   Email	overnment issued ID) to
*When submitting, include a copy establish your identity.  Please send the records via: US	y of your driver's license (or other g  S Mail (Current address)   Email  Cords/Withdrawal Grades  SC Department	overnment issued ID) to
*When submitting, include a copy establish your identity.  Please send the records via: US	y of your driver's license (or other g  S Mail (Current address)  Email cords/Withdrawal Grades  SC Department Date Request Receive	overnment issued ID) to
*When submitting, include a copy establish your identity.  Please send the records via: US	S Mail (Current address)	overnment issued ID) to  Of Juvenile Justice Use Only  d:

Requests should be submitted to transcripts@djj.sc.gov. Please allow 48 hours for processing. Should you need additional assistance, please dial (803)896-7432.