Student's Name While Attending School

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 School		
Student's Current Address/Email	l Address	
Date of Birth	Approximate Date of Last Attend	ance
Reason for Request		
Circumstant de la desta de la companya de la compan	Data	Pantast Phana
Signature (needed to process re	equest)* Date	Contact Phone
Signature (needed to process re		
	py of your driver's license (or other g	
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*When submitting, include a copestablish your identity.  Please send the records via:	US Mail (Current address)	overnment issued ID) to  of Juvenile Justice Use Only d:
*When submitting, include a copestablish your identity.  Please send the records via:	US Mail (Current address) Email ecords/Withdrawal Grades  SC Department Date Request Receive Received By: Date Request Comple	overnment issued ID) to  of Juvenile Justice Use Only

Requests should be submitted to <a href="mailto:transcripts@djj.sc.gov">transcripts@djj.sc.gov</a> or via fax to (803)896-5953. Please allow 48 hours for processing. Should you need additional assistance, please dial (803)896-5952.