

Student Transcript / Records Request

Greenville County Schools

Attn: Information Assurance Office

P.O. Box 2848

Greenville, South Carolina 29602. Tel: (864) 355-7671



GREENVILLE COUNTY
SCHOOLS
Where enlightening strikes.

This form must be completed in full for all requests to be processed. There is a **\$5.00 charge** for each request. Students who have been **out of school less than five years** must submit request to last school attended. A parent or legal guardian may request a copy of their child's educational records only if that child is **under** the age of eighteen (18). Payment and photo id must be submitted at the time of request. Records request are typically processed within five (5) working days from the receipt date of completed request form and payment.

Greenville County School District requires positive identification for the release of records!

Walk-in Request: Complete request form, provide government issued **Photo ID** (i.e., driver's license, passport, etc.) and payment, if applicable.

Mail-in Request: Complete request form, provide a copy of a government issued **Photo ID** (i.e., driver's license, passport, etc.) and payment.

Note: If student has been **out of school less than five years**, then request must be mailed to last school attended.

PURPOSE OF REQUEST

Employment Education Personal Use Other _____

STUDENT INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____ Tel: (____) _____

Date of Birth _____

TRANSCRIPT/RECORD INFORMATION

Name Used in School (if different from above) _____

Last School Attended _____

Year of Graduation or Last Year Attended _____

Specify Record Type & Indicate Number of Copies (additional **\$5.00 charge** will be incurred for **duplicate sets**)

High School Transcript _____ Copies Special Education Records _____ Copies Immunization Only _____ Copies
 All Records in File _____ Copies Test results _____ Copies Other _____ Copies

SEND RECORDS TO

To me at the address above To the address (es) listed below Will pick up at _____

SEND TO _____ SEND TO _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the **Greenville County School District** to Release or Request any of the above listed educational information to the above listed agency/school, or mailed to myself at the address listed above.

Signature/Release Authorization: _____

THIS REQUEST WILL NOT BE PROCESSED WITHOUT AN ORIGINAL SIGNATURE

Records Office Use Only:

Amount Paid \$ _____ Photo ID _____ Date Printed _____ Date Mailed _____ Date Picked Up _____

Form IA-101 8-24-09

Information released from a Greenville County School educational record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.