

# Student Transcript / Records Request

## Greenville County Schools

Attn: Information Assurance Office  
P.O. Box 2848  
Greenville, South Carolina 29602. Tel: (864) 355-7671



**This form must be completed in full for all requests to be processed.** There is a **\$5.00 charge** for each request. An additional **\$0 0.10 cents** per page charge will be applied after fifty pages. 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 GCS 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 \_\_\_\_\_ Copies  Test results \_\_\_\_\_ Copies  Health Room Records \_\_\_\_\_ 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 8-03-10

**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.**