



**Darlington-Lee Adult Education**  
 B. A. Gary Educational Complex  
 100 Magnolia Street, Darlington SC 29532  
 Phone: (843) 398-2856 FAX: (843) 395-8944

## Transcript/Record Search Request Form

Directions: Please provide us with **three business days'** notice in order to complete your transcript request. **Form MUST be completed in its entirety in order to be processed.**

Return the completed form, along with a **non-refundable \$5.00** (*cash or money order*) administrative fee, to:  
**Office of Adult Education, 100 Magnolia Street, Darlington, SC 29532**

**Type of record requested:**

- High School Transcript                       School Records                       Work Keys/WIN Scores  
 Other: \_\_\_\_\_

**For GED verification, go to website [www.ed.sc.gov](http://www.ed.sc.gov) or call (803) 734-8500.**

**Please Print Legibly.**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last* *First* *Middle/Maiden*

Name used when attending *Adult Education*: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Last *Adult Education Center* Attended in Darlington County: \_\_\_\_\_

Last **Year** Attended Adult Ed: \_\_\_\_\_ Year Earned High School Diploma: \_\_\_\_\_

Name of High School on Your Diploma: \_\_\_\_\_

I **Did Not** earn a High School Diploma: check box

**Please send transcript to address below:** **OR** **Call me to pick up:** check box

School or Name of Individual: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Fax** transcript: \_\_\_\_\_ **Attention of:** \_\_\_\_\_  
*(Fax Number)*

*I authorize the Office of Adult Education to release my transcript based upon the information provided above.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*