



Savannah-Chatham County Public School System
Transcript Request and Records Release Form

USE BLACK INK ONLY

Please complete the entire form. Identification and applicable fees are required for processing.

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
Name as it Appears on the School Record:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date: Student ID Number:
Presently a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Inactive Students Section)			Email:

INACTIVE STUDENT

Last Public School Attended in Chatham County:	
Year of Graduation:	Year of Withdrawal:
Which did you receive? (Check one): <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> No Diploma Awarded	Item(s) requested: Qty: <input type="checkbox"/> Transcript _____ <input type="checkbox"/> Immunization _____ <input type="checkbox"/> Test Scores _____ <input type="checkbox"/> Other: _____

Savannah-Chatham County Public Schools (SCCPSS) does not permit access to or release of student information to any individual or agency without the written consent of the student or parent/guardian. Student must be of legal age (18 years of age and older) to receive records without parent/guardian signature. Parents/guardians must sign for students under the age of 18. Parents of students over legal age must obtain written permission from the student to obtain or receive records. Confidential information will not be released without student or parent/guardian authorization. Transcripts will be released to the person(s), school, or company of whom authorization of release has been given.

_____ / / () _____
 Signature of Authorization Date Telephone Number

Transcript Requests:

Currently enrolled students of SCCPSS may request three transcripts at no charge. A fee of \$3.00 will be charged for all subsequent transcripts. Former students or others making request will be charged \$3.00 per transcript. All other items requested will be accessed at a fee of .10 per page. (If mailing, a money order or cashier's check with a copy of your picture ID is required).

COMPLETE THE SECTION BELOW

Send / Release Records to:	Delivered by: Mail
Name/Agency/Institution:	
Address:	
City	State Zip

SHADED AREA FOR OFFICE USE ONLY

Date Mailed:	Date Picked Up:
Clerk:	Fee/Receipt #: