



RECORDS REQUEST

2652 Lawrenceville Hwy.
Decatur, GA 30033
678.676.1005

PHOTO ID
IS
REQUIRED

Instructions: The following information is needed to assist in processing the requested record. Please PRINT and complete this form in its entirety and scan it the following address:

studenttranscripts@dekalbschoolsga.org or

return it to the home school or the above address.

***Please note the processing time for a transcript takes an average 7-10 business days upon receipt. PHOTO ID is required.

Name: First, Middle, Last _____

Name while attending a DeKalb County School: _____

Telephone number (to be contacted) _____

Date of Birth: _____ Social Security Number (last 4 digits) _____

Last grade attended: _____ Date Graduated _____ Date Withdrawn _____

Description of record requested: [] transcript [] test score

[] I will pick up my transcript (staff will contact you when completed)

[] Mail (Must provide a stamped self- addressed envelope)

[] Fax (unofficial) to Attn: _____ Fax Number: _____

[] Please release my records to (ID required):

Print Name: _____ Date: _____

Signature (of Authorized person receiving records) _____

I understand that a student's education records are confidential and may not be disclosed as allowed by the Family Education Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian, or the student (if over attending a postsecondary school).

This document (and photo ID) can be scanned to:

studenttranscripts@dekalbschoolsga.org or returned to the home school or 2652 Lawrenceville Hwy, Decatur, GA 30033. **Please note processing time is 7-10 business days upon receipt. **

(For Office Use)

Received: _____ Processed _____ Faxed _____

Mailed _____ Picked Up _____