



RECORDS REQUEST

1192 Clarendon Avenue
Avondale Estates, GA 30002
Phone 678.676.1005
Fax 678-874-0431

studenttranscripts@dekalbschoolsga.org

Place
Government
Issued ID Here
*(Driver's license, Military ID,
Passport, or State ID)*

Instructions: The following information is required to process transcript request. Please **PRINT** and complete this form in its entirety and send to: studenttranscripts@dekalbschoolsga.org or fax to 678-874-0431.

Allow 5-7 business days for completion (Some cases may take longer) .

PHOTO Government issued ID is required to complete request.

Name: First Middle Last: _____

Name while attending a DeKalb County School : _____

Last school attended: _____

Last year of attendance: _____

Date of birth: _____ Telephone _____

E-mail _____

How would you like to receive your transcript?

- Walk-Ins (official)
- I will pick up my transcript (staff will notify you via email upon completion -official transcript)
- Mail (Must provide self- addressed , stamped envelope-official transcript)
- Fax to Attn: _____ Fax Number: _____ Location: _____
- Email (unofficial) _____
- Please release my records to (ID required upon pick up): _____

Signature (of Authorized person requesting records) _____ Date _____

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.

* Use this form if you are 18 years of age or older and currently not enrolled in a DeKalb County School.

* Currently enrolled students, cont act your school for all records request.

* Education verification may be requested via fax or email with signature (wet or electronic).

Do Not Use This Form

(For Office Use)

Received: _____ Processed _____ Faxed _____ Mailed _____ Picked Up _____ Emailed _____

Search time: _____