

Records Request Form

Phone 678-676-1005

Fax 678-874-0431

Email

studenttranscripts@dekalbschoolsga.org



**Place Government issued ID
HERE**

(Driver's license, state identification,
military identification, or state
identification)

Instructions: Please complete this form in its entirety and fax to 678-874-0431
studenttranscripts@dekalbschoolsga.org.

Valid government issued photo ID is required for processing.

Please Note: This form is only for alumni ages 18 years or older and who are **NOT** for currently enrolled students in a DeKalb County School. Parents/Guardian of current students must contract the student's home school to request records.

Education verification request must be emailed or faxed on company's own form. Include signed release and full date of birth.

Alumni Records Request:

Name (First Middle Last): _____

Name while attending a DeKalb County Schools: _____

Last DeKalb County School Attended: _____

Last Year of Attendance _____ **Date of Birth** _____

Telephone: _____ **Email** _____

How would you like to receive your transcript?

Mail to (Self, School, or Business Name): _____

Address: _____

City: _____

State: _____ **Zip:** _____

Fax to (School or Business Name: _____ **Fax Number:** _____

Email: _____

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.

Signature (of authorized person requesting records) _____ **Date** _____