



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

USE BLACK INK ONLY

In order to process your request, please complete the entire form.

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:	Social Security Number/FTE 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"/> <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 School System (SCCPSS) does not permit access to or release of confidential information to any individual or agency without the written consent of the student.** Student must be of legal age (18 years of age) to receive records without parent/guardian signature. Parents must sign for students under 18 years of age. Parents whose child is over legal age must obtain written permission from the child in order to obtain records. Confidential information cannot be released without student or parent authorization. Transcripts will be released to the person(s), school, or company of whom authorization of release has been received.

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 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 .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 #: