

Charleston County School District

Operations Division - Archives & Records Office
3999 Bridge View Drive, N. Charleston, SC 29405-7485
(843) 566-8109 FAX (843) 566-8112

Inactive Student Records Transcript Request

To: Charleston County School District

I authorize you to furnish the requested information from my student permanent record folder to the persons or organizations referenced in this request:

1) Your Birth Name: _____

2) Current Name (if different than above): _____

3) Birth Date: _____ 4) Birthplace: _____

5) Parent/Guardian's Name: _____

6) Name of School(s) Attended: _____

7) Years You Attended: _____

8) School Program You Attended: Day Adult Education
(Check the Correct Box)

9) Graduated Date or Year Graduated (if you graduated): _____
(Check the Correct Box)

10) Withdrew Date or Year Last Attended (if you withdrew): _____

11) Social Security Number: _____

12) Information Needed: Transcript Immunization Record
(Check Correct Box)
Driver Education Verification Birth Date Verification

13) Release Information To:
Person/Institution Name _____
Address _____
City _____ State _____ Zip Code _____

14) Signature of Release (Parent or Legal Guardian Required, if you are not 18 years or older):

15) Current Home Address: _____
Current Home/Work Phone No. _____

16) _____ FEE PAID Date _____ CCSD Employee Initial: _____