

DILLON SCHOOL DISTRICT FOUR

1738 Highway 301 North
Dillon, SC 29536
Telephone 843-774-1200
Fax 843-774-1203

AUTHORIZATION FOR TRANSCRIPT/SCHOOL RECORDS REQUEST FORM

(TRANSCRIPTS WILL BE COMPLETED WITHIN 72 HOURS)

STUDENT INFORMATION *(Please Print)*

Name _____ Address _____

City, State, Zip _____

Telephone Number _____

Date of Birth _____ Maiden Name _____

Verification of Identity (Driver's License, ID Card, etc.) – **Attach Copy**

TRANSCRIPT/SCHOOL RECORDS INFORMATION *(Please Print)*

Name of Last School Attended: _____

Year of Graduation: _____ Last Year Attended: _____

Other Name(s) Transcript/School Records May Be Listed Under _____

Please Specify Request:

____ Transcript School Records Transcript and School Records Immunization

SEND TRANSCRIPT/SCHOOL RECORDS TO: *(Please Print)*

School/Company _____

Address _____

City, State, Zip _____

***Unofficial transcripts may be requested and provided to the student. Unofficial transcripts do not have the District seal.**

AUTHORIZATION

I authorize **Dillon School District Four** to release any of the indicated information to the above listed agency/school or mailed to me at the address listed above.

Signature of Student _____ Date _____

Signature of Parent or Guardian (If Student is Under 18) _____ Date _____

No charge for students currently enrolled. There is a \$3.00 fee for each request for Transcript/School Records. Payment and Photo ID must be submitted at the time of request.

District Office Use Only:		
Amount Paid \$ _____	Date Printed _____	Date Mailed _____
Date Picked Up _____		