



RECORDS REQUEST

1991 Silver Hill Road
Stone Mountain, GA 30087
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: Please complete this form in its entirety and email to studenttranscripts@dekalbschoolsga.org or fax to 678-874-0431.

Valid government issued, photo ID is required to complete request.

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

(Do Not Use This Form for education verification requests. Education verification requests must be emailed to studenttranscripts@dekalbschoolsga.org or fax to 678-874-0431.)

Alumni Records Request:

Name (First Middle Last): _____

Name while attending a DeKalb County school: _____

Last DeKalb County school attended: _____

Last year of attendance: _____

Date of birth: _____ Telephone: _____

E-mail: _____

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 _____

(For Office Use)

Received: _____ Processed: _____ Faxed: _____ Mailed: _____ Emailed: _____ Search time: _____