

**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, passport)

**Instructions:** Please complete this form in its entirety and fax to 678-874-0431 or email to [studenttranscripts@dekalbschoolsga.org](mailto: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 who are **NOT** currently enrolled students in a DeKalb County School. Parents/Guardians of enrolled students must contact the student's home school to request records.

**Education Verification Requests** must be sent by fax or email using the company's form, together with the full date of birth and a signed release.

**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:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**How would you like to receive your transcript?**

**Mail to (Self, School, or Business Name):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Fax to (School or BusinessName):** \_\_\_\_\_ **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** \_\_\_\_\_