



## Requesting Academic Student Records

Student records may be requested by completing the Request for Student Records form (page 2) which can be faxed to 803-253-6279, emailed to registrar@scvcs.org, hand carried to our office in West Columbia, or mailed to:

South Carolina Virtual Charter School  
Attn: Registrar  
2023 Platt Springs Road  
West Columbia, SC 29169

Requests are processed in the order they are received. Please allow 1-3 business days upon receipt for request to be processed. Incomplete forms will not be processed.

The request form must be signed by the parent or legal guardian if the student is under 18. If the student is 18 or older, the student's signature is required. At age eighteen (18) a student record belongs to the student and the parent/guardian will not have access to the record unless written consent is provided by the student. You must provide a legible copy of your valid government ID

If records need to be sent to a new school, please advise the new school to send an official records request to SCVCS. It is the new school's responsibility to request official records.

If you are requesting records due to moving to another school, please provide the new school name, city, and state on the request form.

**\* A true signature is required on the request form; typed signatures will not be accepted.**



## Request for Student Records

*Please complete ALL fields CLEARLY*

Student's full name (*while attending SCVCS*): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

DOB: \_\_\_\_\_ Year withdrew: \_\_\_\_\_

**A true signature is REQUIRED, typed signatures will not be accepted**

Students under 18 must have parent or guardian signature, students 18 and over must sign

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Records needed (please check):

_____ Unofficial transcript (high school)	_____ IEP/504
_____ Report card (elementary and middle school)	_____ Withdrawal form
_____ Standardized test scores	_____ Attendance

**\*\* If you are requesting records due to moving to another school, please provide the following:**

School name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Return completed form to:**

South Carolina Virtual Charter School  
 Attn: Registrar  
 2023 Platt Springs Road  
 West Columbia, SC 29169  
 Fax: 803-253-6279  
 Email: registrar@scvcs.org

FOR OFFICIAL USE ONLY		
received by	received date	mailing date

Please allow 1-3 business days upon receipt for request to be processed. Records will be mailed to the student's address listed above. Official records are sent directly to the student's new school upon written request from the new school. By signing this form, you authorize SCVCS to release student records to the address listed above. Your signature certifies that you are the student or parent/guardian of the student.