



South Carolina Criminal Justice Academy

(PRINT LEGIBLY)

A. Provide address where document(s) will be mailed (skip line 1 if mailing to self):

- ← 1) Institution's Name
- ← 2) Person / Dept. Name
- ← 3) Street or PO Box no.
- ← 4) City, State and Zip Code

B. Provide student's contact information:

Name: _____
Print name **Sign name** to authorize SCCJA to release the requested document(s).

Social Security # _____ Telephone # _____

For verification purposes, attach a copy of the student's driver's license to this form.

C. Select document(s) and corresponding cost(s):

Official Academic Transcript (\$15.00) (Transcript - All SCCJA classes, field classes, certifications, employers, effective dates and number of hours earned)	Qty. <input style="width: 50px;" type="text"/>	Cost <input style="width: 50px;" type="text"/>
Curriculum (circle BLE or BJT) (Curriculum – course content & corresponding hours of basic training) (*See Curriculum Price List) – L# _____	Qty. <input style="width: 50px;" type="text"/>	Cost <input style="width: 50px;" type="text"/>
Duplicate Certificate (\$5.00) (Specify which certificate below)	Qty. <input style="width: 50px;" type="text"/>	Cost <input style="width: 50px;" type="text"/>
Other (specify) <input style="width: 200px; height: 30px;" type="text"/>	Qty. <input style="width: 50px;" type="text"/>	Cost <input style="width: 50px;" type="text"/>
	Total <input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Money order (by mail) or exact cash (in person). PERSONAL CHECKS NOT ACCEPTED.

D. Mail request, copy of driver's license and money order (payable to SCCJA):

1. **Sign form**
2. **Copy of driver's license**
3. **Money order**
4. **Specify curriculum number (if applicable)**

S.C. Criminal Justice Academy
Attn.: Document Order Form Processor
5400 Broad River Road
Columbia, SC 29212-3540