



South Carolina Criminal Justice Academy

Document Order Form

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

1. Institution Name: _____
2. Person/Department Name: _____
3. Street or PO Box No.: _____
4. City, State and Zip Code: _____

B. Provide Student's Contact information:

1. Name: _____
2. Social Security Number: _____
3. Telephone: _____
4. Please sign to authorize SCCJA to release the requested document(s) _____

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. _____ Cost _____

Duplicate Certificate (\$5.00)

(Specify which certificate below)

Qty. _____ Cost _____

Other (Specify) _____

Qty. _____ Cost _____

Total _____

Payment must be money order (by mail).

Personal checks are not accepted.

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

- a. Sign form
- b. Copy of Driver's License
- c. Money Order
- d. Specify Curriculum number (if applicable)

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

Questions, please call 803.896.7805



An Accredited Law Enforcement Training Agency