South Carolina Firefighter Registration Act
Request for Criminal Record Review

Name: _____ (Full Given Name)

Address: _____

_____
City State Zip

Social Security # _____ - _____ - _____ Date of Birth ___/___/_____

Driver's License: State _____ Number _____

Race: _____ Sex: ☐ Male ☐ Female

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I, _____ do hereby grant approval for the
(Print Name)

_____ to inquire and receive any and
(Name of Fire Department or Employer)

all criminal information pertaining to me.

_____ _____
(Applicant Signature) (Date)

_____ _____
(Authorized Signature) (Date)

Mail Request To:
S.L.E.D. Records
PO Box 21398
Columbia, SC 29221-1398
Phone: 1-803-737-9000

S.L.E.D. Should Return Information To:

_____

_____

_____

_____

Reports should be returned to the Fire Department – Not to the Fire Marshal's Office.

***Note to Fire Departments:**
Please include a self-addressed envelope for return of report from S.L.E.D.

FR2 7/1/01