

**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

\*\*\*\*\*

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  
Fax: 1-803-896-7022

**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.**