

**SOUTH CAROLINA HUMAN AFFAIRS COMMISSION  
GENERAL FOIA REQUEST**



**CONTACT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**RECORDS REQUEST FOR:**

I am the **Charging Party** and requesting a copy of my Case File: Yes \_\_\_\_\_ No \_\_\_\_\_

Charging Party's Counsel: \_\_\_\_\_ Respondent: \_\_\_\_\_ Respondent's Counsel: \_\_\_\_\_

Has a lawsuit been filed: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* If yes, please attach a copy of the Summons and Complaint that has been filed with the Court. \*\***

**CASE INFORMATION:** Name: \_\_\_\_\_

SCHAC Case #: \_\_\_\_\_ EEOC or HUD Case #: \_\_\_\_\_

**OTHER REQUEST:** Please set forth a detailed explanation of the information you wish to obtain: \_\_\_\_\_  
\_\_\_\_\_

Contact for prior authorization for payment amount: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Complete and mail this form to:

-OR-

Complete and email this form to:

**ATTN: Legal Division**  
SC Human Affairs Commission  
1026 Sumter Street, Suite 101  
Columbia, South Carolina 29201

information@schac.sc.gov