

SC Law Enforcement Division Forensic Services iLab Access Request

Please select the applicable request(s)

		NEW Accoun	t	Add to	Investigating O	fficer Dropdown	
		UPDATED Ac	count I	Describe Upd	ate:		
Th	e following	fields are req	uired.				
	Name:						
	Title:						
	Email:*						
	Phone:						
	Agency/E	mployer					
	Region/Tr	oop/NA					
	Address:						
	Superviso	r:					
	Superviso	r phone:					
	Superviso	r email:*					
Ple	ease select ac	cess type(s)					
	Prelog Ca	ases C	ODNA Check	□ v	iew Case Inforn	mation and Down	load Reports
						st have an <mark>offici</mark>	
en	forcement e	email address	. iLab notific	ations and i	updates can <u>o</u>	e sent to .g.	ov, .mil, .us,

Please feel free to contact the iLab support team at $\underline{iLabrequests@sled.sc.gov}$ with any questions or concerns.

Submit completed form to iLabrequests@sled.sc.gov

or official email addresses.