

RELEASE OF INFORMATION REQUEST

ACOM - Office of the Registrar
445 Health Sciences Blvd., Dothan, AL 36303
Phone: 334-699-2266 • Fax: 334-699-2268



Print, complete, and sign form and submit to the Registrar in person, by fax or mail. Sections IV, V, and VI must be completed before your form can be processed. Requests will not be processed for students with an outstanding balance or unfulfilled obligation to the College. Please allow two to four working days for processing (additional time may be needed during grading periods and at the beginning of each academic year)

Last Name: _____ First Name: _____ Middle: _____
Maiden/Previous: _____ Class of: _____ DOB: _____
Student ID No. or SS#: _____ Email: _____
Address: _____
Cell Phone: _____ Alternate Phone No.: _____

I hereby request and consent to release of the following:

Section I – Transcript Request

- Official Transcript
- Unofficial Transcript
- Special Instructions:**
- Issue to Student (to be picked up)
- Issue after final grades have been posted

Section II – Certification of Enrollment Letter

- Please Include the Following Information:
 - Status (Full-Time Vs. Part-Time)
 - Anticipated** Graduation Date
- Good Standing
- Academic Program
- Start and End of Semester Dates
- Other _____

Section III – Authorization

- Authorization** to disclose the following information: _____

- Revoke Prior Authorization** to disclose my education record information with the individual(s) listed below.

Section IV – Release to: (Organization or Third-party – Name, Street, City, State, Zip, Email, and Phone Number)

Section V – Reason for Request: _____

Section VI – Student's Signature: _____ Date: _____