

CENTRAL ALABAMA COMMUNITY COLLEGE TRANSCRIPT RELEASE FORM

Federal law requires that before transcripts or records are released by the college, the student must authorize <u>in</u> <u>writing</u> the release of such records. Please allow 2 business days to process

Transcripts with a student record hold will not be processed. You will be contacted by mail or phone to notify you of the hold.

Student Name:	Dates Attended:
Student ID Number/Soc	al Security Number:
Street Address:	City:
State:	Zip Code:
Phone Number:	Email:
Please select if one of th	following was attended ical College
This authorizes the relea	e of my Central Alabama Community College Transcript to:
University/College or B	siness Name:
Address:	
Unofficial Student (ору
Send Now Send after grades for	current term posted
Student Signature	Date:
Return Form to:	Central Alabama Community College ATTN: Records Manager 34091 US Hwy 280 Childersburg, AL 35044 Fax: 256-378-2034 Email: cacc_transcripts@cacc.edu
For Office Use Only Processed by	