

## Non-Traditional High School Diploma Options Transcript Audit Form Request

Note: Completion of this Transcript Audit Form Request grants permission for \_\_\_\_\_  
(School System)  
to release related grade and testing records to the designated party below.

Send the following (if available):

- X   HSDO Transcript Audit Form-- sent directly from \_\_\_\_\_ to \_\_\_\_\_  
Wallace Community College (High School)  
(Adult Education Program)
- X   Alabama High School Graduation Exam Results (if applicable)
- X   ACT Workkeys™ Assessments (if applicable)

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name (if applicable) \_\_\_\_\_

Graduation Year \_\_\_\_\_ or Year Withdrawn \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Please email electronic copy or mail HSDO Transcript Audit Form to:

Adult Education Program: Wallace Community College

Attn: Adult Education : Angel Cooper

Address: 1141 Wallace Drive  
(Street Address)

Dothan AL 36303  
(City) (State) (Zip Code)

acooper@wallace.edu

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_