

Wallace Community College

Wallace Campus at Dothan, Sparks Campus at Eufaula

TRANSCRIPT RELEASE AUTHORIZATION

Applicant must mail this form directly to the high school and/or college (s) attended. In compliance with Family Educational Rights and Privacy Act of 1974 (FERPA), schools cannot release academic records without written consent of the student.

Request for:	Academic TranscriptGED Test Scores
Name of School or Co	ollege Attended
Address	
Adm Walla 1141	nd the Wallace Campus in Dothan. Please send a transcript of my school records to: issions and Records Office ace Community College Wallace Drive an, AL 36303
Stud Walla P. O	nd the Sparks Campus in Eufaula. Please send a transcript of my school records to: ent Services ace Community College . Drawer 580 ula, AL 36072-0580
	AUTHORIZATION TO RELEASE
Student Signature	
	PLEASE PRINT CAREFULLY
Lasi	First Middle
Social Security Number	erDate of Birth
Address	
City, State, Zip	
Telephone	Name Used While Attending
Dates of Attendance F	romTo
Date of Graduation	OR Date GED Earned