



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 Transcript _____ GED Test Scores

Name of School or College Attended _____

Address _____

City, State, Zip _____

_____ I plan to attend the Wallace Campus in Dothan. Please send a transcript of my school records to:

Admissions and Records Office
Wallace Community College
1141 Wallace Drive
Dothan, AL 36303

_____ I plan to attend the Sparks Campus in Eufaula. Please send a transcript of my school records to:

Student Services
Wallace Community College
P. O. Drawer 580
Eufaula, AL 36072-0580

AUTHORIZATION TO RELEASE

Student Signature _____

PLEASE PRINT CAREFULLY

Name _____
Last _____ First _____ Middle _____

Social Security Number _____ Date of Birth _____

Address _____

City, State, Zip _____

Telephone _____ Name Used While Attending _____

Dates of Attendance From _____ To _____

Date of Graduation _____ OR Date GED Earned _____