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Birmingham, Alabama 35221
(205) 929-6309
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TRANSCRIPT RELEASE AUTHORIZATION FORM

Under the Buckley/Pell Amendment to the *Family Education Rights and Privacy Act of 1974*, transcripts may not be released without the student's written consent.

Name (PLEASE PRINT): _____
Last First Maiden

List any/all other name(s) you have **ever** had: _____

Social Security Number: Major(s): _____

Attended: Bessemer State (Approximate Dates): _____ Lawson State (Approximate Dates): _____

Did you earn a degree/certificate: Yes If Yes, list your program _____ Year Awarded: _____

SEND AFTER SEMESTER GRADES ARE POSTED SEND AFTER GRADE CHANGE IN _____ (COURSE)

PLEASE NOTE THAT A STUDENT MUST BE IN GOOD STANDING WITH THE COLLEGE BEFORE A TRANSCRIPT WILL BE RELEASED INCLUDING ALL UNPAID FEES, UNRETURNED BOOKS AND PROPERTY.

STUDENT/UNOFFICIAL: # of Copies: 1 2 3 **OFFICIAL:** # of Copies: 1 2 3

1. College/Organization: _____
Address (if mailing transcript): _____
Address Line 2 _____
City State Zip

STUDENT/UNOFFICIAL: # of Copies: 1 2 3 **OFFICIAL:** # of Copies: 1 2 3

2. College/Organization: _____
Address (if mailing transcript): _____
Address Line 2 _____
City State Zip

SIGNATURE REQUIRED: If you are requesting an official copy of your transcript(s), please read the following statement and sign. Your transcript will not be mailed or release without your signature.

I DO HEREBY AUTHORIZE LAWSON STATE COMMUNITY COLLEGE TO RELEASE A TRANSCRIPT OF MY COLLEGE RECORDS TO THE SCHOOL, COMPANY, AGENCY OR ENTITY THAT I HAVE LISTED ABOVE. I UNDERSTAND THAT THE COLLEGE WILL ATTEMPT TO MAIL MY TRANSCRIPT IMMEDIATELY. HOWEVER, IF NOT IT WILL BE FORWARDED WITHIN 24-48 HOURS AFTER MY REQUEST HAS BEEN RECEIVED.

My signature certifies that I have read and understood the above statements regarding the privacy act and issuance of student transcripts. I give my permission for my transcript to be released.

Signature _____

Date _____

CONTACT INFORMATION: Please give your mailing address telephone number(s) so that we may contact you in case of concerns or questions with your request. You may check the status of your request in the *Student Suite* of our website at <http://www.lawsonstate.edu>

Mailing Address _____
City State ZIP

Daytime Phone: _____ Evening Phone: _____