

Bessemer Campus
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Bessemer, Alabama 35022
(205) 929-3410
FAX: 205-424-5119



Birmingham Campus
3060 Wilson Road, SW
Birmingham, Alabama 35221
(205) 929-6309
FAX: 205-925-3716

TRANSCRIPT RELEASE AUTHORIZATION FORM

Name (Please Print): _____
Last First Maiden

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

Social Security Number/ID#: _____ Major(s): _____

Campus Attended: Bessemer (Approximate Dates) _____ Birmingham (Approximate Dates): _____

Did you earn a degree/certificate: No Yes If Yes, list your program _____ Year Awarded: _____

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.

Please check one: Student/unofficial copy Number of Copies: 1 2 3
 Official Copy Number of Copies: 1 2 3

SEND AFTER SEMESTER GRADES ARE POSTED SEND AFTER GRADE CHANGE IN _____ (COURSE)
If you are requesting an official copy of your transcript(s), please read the following statement and complete the information requested below.

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 BELOW. I UNDERSTAND THAT THE COLLEGE WILL ATTEMPT TO MAIL MY TRANSCRIPT IMMEDIATELY. HOWEVER, IF NOT IT WILL BE FORWARDED WITHIN 48 HOURS AFTER MY REQUEST HAS BEEN RECEIVED.

Please note that a student must be in good standing with the college before a transcript will be released.

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

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

REQUIRED

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

Please give your current mailing address and contact information in case we need to contact you:

Address City State Zip Telephone Number(s)