



JAMES H. FAULKNER STATE COMMUNITY COLLEGE

OFFICE OF THE REGISTRAR

1900 HIGHWAY 31 SOUTH
BAY MINETTE, AL 36507
(251) 580-2227

I HEREBY CERTIFY THAT I AM THE STUDENT LISTED BELOW AND THAT I REQUEST MY RECORDS TO BE RELEASED TO THE INSTITUTION OR PERSON NAMED BELOW:

USE BALL POINT PEN, COMPLETE NAME, ADDRESS, ZIP, WRITE LEGIBLY.
THIS INSERT WILL BE USED IN A WINDOW ENVELOPE.

S _____
E _____
N _____
D _____
T _____
O _____

COMMENTS: _____

STUDENT SIGNATURE _____

COMPLETED FORMS MAY BE FAXED TO: (251) 580-2285

DATE OF REQUEST _____

NO. OF COPIES _____

- Requests for transcripts of work taken at another institution should be directed to THAT institution.
- Transcripts issued to a student MUST be stamped "ISSUED TO STUDENT".
- Transcripts will NOT be released to a third party without the student's written permission.
- Processing time for ALL requests is 3-5 business days from the date received in the records office.

FILE COPY

STUDENT NUMBER	BIRTH DATE	LAST SEMESTER ATTENDED (SEM./YR.)	IF YOUR NAME HAS CHANGED SINCE YOUR RECORD WAS ESTABLISHED, PLEASE PRINT ORIGINAL NAME HERE.

MAIL TRANSCRIPT AS INDICATED BELOW:

IMMEDIATELY OR AFTER
 FALL SPRING AFTER DEGREE IS RECORDED
 SUMMER AFTER GRADE CHANGE MADE

ARE YOU: CURRENTLY ENROLLED YES NO
 CANDIDATE FOR GRADUATION YES NO

PLEASE FILL IN YOUR NAME AND MAILING ADDRESS BELOW.
WHEN YOUR TRANSCRIPT IS RELEASED YOU WILL RECEIVE THE
PINK COPY OF THIS FORM TO RETAIN FOR YOUR RECORDS.

PLEASE PRINT BELOW

[_____]

FOR OFFICIAL USE ONLY

1. DATE RECEIVED _____

2. BY _____

3. IF DENIED, REASON _____

4. _____

5. DATE MAILED _____
