

## TRANSCRIPT REQUEST FORM

(PLEASE PRINT IN BLUE OR BLACK INK)

Date of Reques	st:				
submitted to yo the Buckley/Pe	our high school, as well as t	rm and mail it directly to the to each college and/or unive ily Education Rights and Priv	rsity that you ha	ive previously attended. Ur	ndei
I hereby autho	rize the release of a transc	ript of my records to Ingram	State Technica	l College by:	
Complete Nam	e of College, University or	High School			
Street Address		City	Stat	e Zip	
Student's Signature:		Social Security Number:			
Last Name	F	First Name	Mid	dle/Maiden	
Name of stude	nt at time of enrollment, if	f different from above	AIS	Number	
Last Term Atte	nded Year	Graduation Date	Year	Date of Birth	
{ } Graduate { } Non-Graduate		{ } High School Reco { } College transcript	Please send a copy of my: { } High School Record { } College transcript { } General Education Development (GED) test Scores		
Offi Pos Dea	ram State Technical College ce of Admissions t Office Box 220350 atsville, Al 36022-0350 case return this form with t	9		(322) 3333 333. 33	
worked with the Accustody. Please no	Alabama Department of Corrections to this transcript request does in	rides postsecondary education proons since 1965, providing education of include a transcript fee. Your idents, for the most part, are with	onal rehabilitation f nstitution, by grant	or those individuals charged to ing a transcript waiver, will enh	their
{ } Yes, I can valida	to honor this waiver, please valid te that the above-referenced sto to validate that the above-refer	_	dent is a graduate o	of your school and return this fo	rm.
Print Name of Custodian of Records		 Signature		Date	•