



TRANSCRIPT RELEASE FORM

(PLEASE PRINT IN BLACK INK)

Date of Request: _____

Directions to Applicant: *Complete this form and return it to the Student Services office. Your signature authorizes the release of your Ingram State Technical College record to the person or institution listed below. Under the Buckley/Pell Amendments to the Family Education Rights and Privacy Act of 1974, no personal information may be transmitted without written consent.*

I hereby authorize the release of my Ingram State Technical College records to the person or institution listed below.

Student's signature: _____

_____	_____	_____	_____
Last Name	First Name	Middle/Maiden	AIS Number

_____	Social Security Number: _____
Name of student at time of enrollment if different from above	

_____	_____	_____
Last Term Attended	Year	Graduation Date
		Year
		Date of Birth

Please send a copy of my:

- | | |
|---|--|
| <input type="checkbox"/> College Transcript | <input type="checkbox"/> General Education Development (GED) Test Scores |
| <input type="checkbox"/> Certificate(s) | <input type="checkbox"/> Psychological Profile |
| <input type="checkbox"/> Other Information | <input type="checkbox"/> Copy to Student (unofficial) |

Send to: _____

Information should be:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Mailed Now | <input type="checkbox"/> Mailed at the end of _____ semester | <input type="checkbox"/> Issued to Student |
|-------------------------------------|--|--|

Send this completed form to: Ingram State Technical College
Office of Student Services
Post Office Box 220350
Deatsville, AL 36022-0350