

# H. Councill Trenholm State Community College

## Transcript Release/Request Form

**(PLEASE RETURN THIS FORM WITH OFFICIAL TRANSCRIPT)**

Under the Buckley/Pell Amendments to the Family Educational Rights and Privacy Act of 1974, transcripts of student records cannot be sent to other schools, prospective employers, or to the student unless an official request is made by the student to the Office of Records and Registrar.

**PLEASE PRINT**

\_\_\_\_ I would like an official copy of my transcript mailed to: Trenholm State Community College  
Attn: Admissions  
P.O. Box 10048  
Montgomery, AL 36108

\_\_\_\_ I would like an unofficial copy of my transcript for my own personal records.

\_\_\_\_ I would like an official copy of my transcript mailed to the agency/institution listed below.

\_\_\_\_\_  
Agency/Institution Name

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Name (at time of enrollment): \_\_\_\_\_  
(All previous last names) First Middle

Current Name (if different from above): \_\_\_\_\_  
Last First MI Maiden

SSN: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
E-mail address Phone Number

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Major/Program: \_\_\_\_\_  
 \_\_\_\_\_ Graduate Date of Graduation: \_\_\_\_\_  
 \_\_\_\_\_ Non-Graduate Last Date of Attendance: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_

**I hereby authorize the release of my records**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date