

RELEASE OF INFORMATION REQUEST

ACOM - Office of the Registrar
445 Health Sciences Blvd., Dothan, AL 36303
Phone: 334-699-2266 • registrar@acomedu.org



NOTE: Requests will not be processed for students with an outstanding balance or unfulfilled obligation to the College. Please allow 24-48 hours for processing (additional time may be needed during grading periods).

Last Name: _____ First Name: _____ Middle: _____

Maiden/Previous: _____ Class of: _____ DOB: _____

Student ID No. or SS#: _____ Email: _____

Address: _____

Cell Phone: _____ Alternate Phone No.: _____

Section I – Authorization to disclose the following information:

- Official Transcript
- Unofficial Transcript
 - Issue after final grades have been posted
 - Issue to Student (to be picked up)
- Proof of Enrollment / Letter of Good Standing***
- Other _____

*** 3rd & 4th year students on rotations should see ACOM's Clinical Department for letters of good standing and rotation approval forms.

Section II - Delivery Method:

- Mail to Address: _____
- E - Mail to: _____
- Fax to: Name of Institution: _____
Attention: _____
Fax Number: _____

Section III – Reason for Request: _____

Section IV – Student's Signature: _____ Date: _____

(Written signature must accompany all requests. Typed signatures cannot be accepted)