

# 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Section II – Mail to:

Organization: \_\_\_\_\_

Attention: \_\_\_\_\_

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

Section III – Reason for Request: \_\_\_\_\_

Section IV – Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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