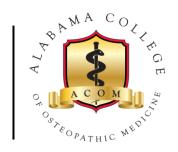
RELEASE OF INFORMATION REQUEST

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 Pho	ne No.:
Section I – Authorization to disclose	the following inforn	nation:
□ Official Transcript		
□ Unofficial Transcript		
☐ Issue after final grades ha	ave been posted	□ Issue to Student (to be picked up)
☐ Proof of Enrollment / Letter of G	Good Standing***	
□ Other		
	tions should see ACOM's	s Clinical Department for letters of good
Section II – Mail to:		
Organization:		
Address:		
Section III – Reason for Request:		
Section IV – Student's Signature:		Date: