

RELEASE OF INFORMATION REQUEST

ACOM - Office of the Registrar
445 Health Sciences Blvd., Dothan, AL 36303
Phone: 334-699-2266 • Fax: 334-699-2268
Email: registrar@acom.edu



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)

PERSONAL INFORMATION: Please Print

Last Name: _____ First Name: _____ Middle: _____
Maiden/Previous: _____ DOB: _____ Email: _____
Student ID No.: _____ Class of: _____ Class Level: _____
Address: _____
Cell Phone: _____ Alternate Phone No.: _____

SECTION I – AUTHORIZATION TO DISCLOSE THE FOLLOWING INFORMATION:

- Official Transcript
 - Issue after final grades have been posted
 - Issue to Student (to be picked up, sealed for authentication)
- Unofficial Transcript
 - Issue after final grades have been posted
 - Issue to Student (to be picked up)
- Proof of Enrollment / Letter of Good Standing***
- Academic Records
- Social/ Disciplinary Records
- ALL Records
- Other: _____

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

SECTION II – PERSONS OR ENTITIES TO DISCLOSE INFORMATION TO:

Attention to: _____ Organization/Relationship: _____
Address: _____
Email: _____ Phone: _____

SECTION III – REASON FOR REQUEST:

ACKNOWLEDGEMENT: Please Sign

By signing this form I, _____ understand that I am giving permission to release
(Print Full Name)
non-directory information to non-institutional individuals or organizations.

Student Signature: _____ Date: _____