

# CENTRAL ALABAMA COMMUNITY COLLEGE

## TRANSCRIPT REQUEST FORM

\_\_\_\_\_  
Full Name (please print) Name while attending CACC (if different)

\_\_\_\_\_  
Current Address City State ZIP

\_\_\_\_\_  
"C" Number or SSN Date of Birth (M/D/YR) Phone Number E-mail address

Campus Attended: Alexander City \_\_\_\_ Childersburg \_\_\_\_ Talladega \_\_\_\_ ACJC \_\_\_\_  
Millbrook \_\_\_\_

Currently enrolled: \_\_\_\_ Yes \_\_\_\_ No If no, date of last attendance (term/year) \_\_\_\_\_

\_\_\_\_ Number of transcripts to be processed and check the appropriate lines below:

\_\_\_\_ Mail immediately

\_\_\_\_ Mail at the end of the current term when grades are processed

**NOTE: Official Transcripts are not released to students**

**I hereby authorize Central Alabama Community College to release my academic record to:**

College/Other \_\_\_\_\_

Address \_\_\_\_\_ Department \_\_\_\_\_

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

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Transcript requests may be mailed to the following address: Office of Records/Marian Martin  
Central Alabama Community College  
34091 US Highway 280  
Childersburg, AL 35044

Or faxed to 256-378-2034  
Or hand delivered