



**CENTRAL ALABAMA COMMUNITY COLLEGE
TRANSCRIPT REQUEST FORM**

Federal law requires that before transcripts or records are released by the college, the student must authorize in writing the release of such records.

Transcripts with a student record hold will not be processed. You will be contacted by mail or phone to notify you of the hold.

Student Name: _____ Dates Attended: _____

Student ID Number/Social Security Number: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____ Email: _____

College location last attended: _____

This authorizes the release of my Central Alabama Community College Transcript to:

University/College or Business Name: _____

Address: _____

Student Copy

Send Now

Send after grades for current term posted

Student Signature _____ Date: _____

Return Form to: Central Alabama Community College
Student Services
34091 US Hwy 280
Childersburg, AL 35044
Fax: 256-378-2034
Email: cacc_transcripts@cacc.edu

* Please allow 2 business days to process

For Office Use Only:

Processed by _____

Date _____

Date mailed to Institution _____

Date Sent to Student _____