



Transcript Request Form

Full name while attending ACA _____

Date of Birth _____ Year of Graduation _____

Phone number _____ Email _____

Current Address _____

CONSENT FOR RECORD RELEASE

If 18 years or older:

I give permission for release of my transcript to the following:

Check **one**:

College/University _____

Employer _____

Address of the transcript recipient:

Signature: _____ **Date:** _____

If under 18 years old:

I give permission for transcript release for _____'s transcript to be released to

the following:

Check **one**:

College/University _____

Employer _____

Elementary, Middle, or High School _____

Address of the transcript recipient:

Signature: _____ **Date:** _____