BEVILL STATE COMMUNITY COLLEGE

TRANSCRIPT RELEASE FORM

Under the Buckley-Pell Amendment to the Family Education Rights and Privacy Act of 1974 (FERPA), no student records may be transmitted without your consent. Please complete this form and submit it to the Office of Student Services. ***(PLEASE PRINT)***

_____ _____
Date Campus/Center Attended

_____
Name Under Which You Attended Dates of Attendance

_____
Address

_____
City State Zip Code

_____ _____ (_____)_____-_____
Date of Birth Social Security Number Day Phone Number

I hereby authorize and request Bevill State Community College to release the following records:

___Official Transcript ___GED Scores ___ACT Scores ___ASSET/COMPASS Scores

___Unofficial Transcript ___Immunization Documentation ___Other_____

Please mail this information to:

_____
College/School/Business

_____
Attention

_____
Address

_____
City/State/Zip

_____
Student's Signature

Your signature authorizes approval for Bevill State Community College to obtain your GPA at your transfer institution. If you wish to deny release of this information please initial here._____