Non-Traditional High School Diploma Options
Transcript Audit Form Request

Note: Completion of this Transcript Audit Form Request grants permission for _____
(School System)
to release related grade and testing records to the designated party below.

Send the following (if available):

__X__ HSDO Transcript Audit Form-- sent directly from _____ to
(High School)
Bevill State Community College
(Adult Education Program)

__X__ Alabama High School Graduation Exam Results (if applicable)

__X__ ACT Workkeys™ Assessments (if applicable)

Student Name: _____
(Last) (First) (Middle)

Maiden Name (if applicable) _____

Graduation Year _____ or Year Withdrawn _____

Date of Birth: _____/_____/_____

Contact Telephone: _____ Contact Email: _____

Please email electronic copy or mail HSDO Transcript Audit Form to:

Dr. Stephanie Maddox, AE Director
Bevill State Community College
101 State Street
Sumiton, AL 35148

Email: stephanie.maddox@bscc.edu

Student Signature: _____

Date: _____