

# Request for Academic Transcript Release after Graduation

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), schools cannot release academic records without the written consent of the student.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Former Name (name while attending) \_\_\_\_\_

Graduation Year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

## Authorization to Release:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send a transcript of my school records to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*\*A \$3.00 transcript fee applies. Please bring cash in along with this form. If mailing form, please send a check or money order and the transcript will be sent to above requested address.***

Please send payment and form to:

Dale County High School  
Guidance Office  
11740 S Co Rd 59  
Midland City, AL 36350