



Transcript Request Release Authorization
AHS Program
College and Career Readiness
College of The Albemarle
Elizabeth City, North Carolina 27909

Requestor's Name _____
Last 4 numbers of your Social Security Number _____
Date of Birth _____
Telephone Number _____
Email Address _____

Attn: AHS Coordinator

Re: AHS Transcript Request

I, _____, do hereby give my written permission to send copy(ies) of my transcript to the name and address identified below.

Name _____
Company or Institution Name _____
Address _____
City _____ **State** _____ **Zip code** _____
Email: _____

My personal information is as follows:

Name while Enrolled: _____

Dates of Enrollment: _____

Graduation Date: _____

Sincerely, _____
(Signature)

(Date)