

**COLLEGE OF EDUCATION AND HUMAN SCIENCES
CERTIFICATION TRANSCRIPT REQUEST**

Student Name _____
 Last First Middle Maiden

Student I.D. _____ Date of Birth _____

Transcript Recipient (Name and Address)

Anjanette Lane, Teacher Certification
Alabama State Department of
Education P O Box 302101
Montgomery AL 36130-2101

c/o Amber Carruth

*Student Signature _____ Date _____

**The Family Educational Rights and Privacy Act (FERPA) sets forth requirements regarding the privacy of student records. FERPA regulations allow you, the student, to have some control over who is allowed to have access to your school records and personal information. For further information about FERPA, please see the University of North Alabama FERPA Policy and Release Information. By signing this form, you authorize UNA to release your educational record information to the UNA Certification Officer, state licensure designee and state licensure organization for purposes of licensure.*