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)

Traci Wilder, Teacher Certification

Alabama State Department of Education

P O Box 302101

Montgomery AL 36130-2101

c/o Gyasi Kellam

*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.*

GK 1152019