

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):

_____ HSDO Transcript Audit Form-- sent directly from _____ to _____
(High School)

(Adult Education Program)

_____ Alabama High School Graduation Exam Results (if applicable)

_____ 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Graduation Year _____ or Year Withdrawn _____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:

Adult Education Program: _____

Attn: Adult Education Director: _____

Address: _____
(Street Address)

(City) (State) (Zip Code)

(AE Director Email Address)

Student Signature: _____

Date: _____