

## 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**  
Chattahoochee Valley Community College Adult Education Program  
(Adult Education Program) (High School)

\_\_\_\_\_ **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**Graduation Year** \_\_\_\_\_ **or** **Year Withdrawn** \_\_\_\_\_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:** Chattahoochee Valley Community College Adult Education Program

**Attn: Adult Education Director:** Laodecea Seay

**Address:** 2602 College Drive  
(Street Address)

Phenix City AL 36869  
(City) (State) (Zip Code)

laodecea.seay@cv.edu  
(AE Director Email Address)

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_