

**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)

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

c/o Sarah Beth Hester

\*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.*