SPENCER 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)

Margaret Bowens, Teacher

Certification Alabama State

Department of Education P O Box

302101 Montgomery AL 36130-2101

c/o Amber Carruth

*Student Signature _____ Date _____

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Rev. 2026