

Release of Academic Record

I authorize the University of West Alabama to release my academic record each term to my high school. This release is countersigned by my parent or legal guardian if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the Records Office to discontinue the release or until I earn my high school diploma.

Student Signature

Date

Parent Signature

Date

Recommendation for Dual Enrollment

I recommend and approve this student for Dual Enrollment with the University of West Alabama.

SCHOOL COUNSELOR- Print

Signature

Email Address

Phone Number

Date

PRINCIPAL- Print Name

Signature

Email Address

Phone Number

Date

PARENT- Print Name

Signature

Email Address

Phone Number

Date

*** Attach your high school transcript, official ACT scores (broken down by sub scores) and return to your school counselor**

Note: email addresses are required because UWA will notify you of program acceptance, class changes, etc. through email.