


Alice Lloyd
COLLEGE
Providing Leadership for Appalachia
ALICE LLOYD COLLEGE
TRANSCRIPT REQUEST FORM

Today's Date: _____

Student's ALC ID# (if known): _____

Effective June 1, 2007

First transcript requested is free of charge; then all transcripts are \$2.00 per transcript.

*Please mail this form, and your fee, if applicable, to
Registrar's Office, Alice Lloyd College, 100 Purpose Road, Pippa Passes KY 41844.*

_____/_____/_____/_____
 Student's Last Name first middle maiden

Student's Signature: _____

Date of Birth: ____/____/_____ **OR** Social Security Number: ____-____-_____

Current Mailing Address: _____

City, State & Zip Code: _____

Home Phone Number: ____/____-_____ Work phone number: ____/____-_____

Email Address: _____

Currently Enrolled: ____ yes ____ no

If Yes, are you returning next semester? ____yes ____no (transferring, working, other) ____unsure

If No, then give approximate Dates of Attendance: _____

Please send _____ transcript(s) to the following address:

___ official copy or ___ student copy

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OFFICE USE ONLY:

DATE APPROVED: _____ **INITIALS** _____

DATE SENT: _____