

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