


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

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

Effective August 1, 2014

First transcript requested is free of charge; then all transcripts are \$10.00 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 (must not be typed): _____

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: _____