

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