



TRANSCRIPT REQUEST FORM

Effective August 1, 2014

First official transcript is free of charge; a \$10 fee may be applicable thereafter per requested copy.

Please mail this form, and your fee, if applicable, to

Registrar's Office, Alice Lloyd College, 100 Purpose Road, Pippa Passes KY 41844.

Fax: 606-368-6215

Email: registrar@alc.edu

Date: _____

_____/_____/_____
Last Name / First / Middle / Maiden

Date of Birth: ____/____/____ ALC Student ID# (if known)_____

Student's Signature (Not Typed): _____

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: _____

Current Mailing Address: _____

City, State & Zip Code: _____

Home Phone Number: ____/____-____ Daytime Contact number: ____/____-____

Email Address: _____

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: _____